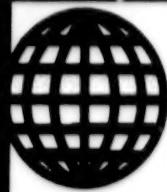


FRS-TEP-90-021  
7 DECEMBER 1990



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# ***JPRS Report***

## **Epidemiology**

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**AIDS**

# Epidemiology

## AIDS

JPRS-TEP-90-021

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27 December 1990

[This EPIDEMIOLOGY report contains only material on AIDS. Other epidemiology topics are covered in a later issue.]

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## CAMEROON

### 205 AIDS Patients Undergo Treatment

AB0412132090 Paris AFP in French 1458 GMT  
1 Dec 90

[Text] Yaounde—A support march for AIDS patients was organized here today to mark the Third World Day on AIDS, according to an official source in the capital. Two hundred and five AIDS patients, 95 of whom are women, are currently undergoing treatment in Cameroon. The rate of AIDS prevalence in the country is one percent, but it has reached nine percent among prostitutes.

## DJIBOUTI

### Official Says 336 People Infected With AIDS

EA3011150190 Djibouti Domestic Service in Somali  
1700 GMT 29 Nov 90

[Excerpts] According to Dr. Said Salah, 336 people have been infected with AIDS. [passage omitted]

[Begin Dr. Salah recording] In Djibouti, the first AIDS case was detected in 1987. So far, (?12) [number indistinct] people have died and 52 have been admitted to hospitals as full-blown cases. [end recording]

## GHANA

### Radio on Rate of AIDS Propagation Since 1986

AB0412131290 Accra Domestic Service in English  
1300 GMT 1 Dec 90

[Commentary by Asamoah Odei]

[Excerpts] World AIDS Day is designed to expand and strengthen the worldwide efforts to stop AIDS. It means talking about Human Immune Deficiency Virus, HIV, infection, caring for people with HIV infection and AIDS, and learning about AIDS to sustain and reinforce the global effort to stop its spread. Since the killer disease was first reported in the United States of America in 1981, almost all countries worldwide have been affected by the AIDS disease. Out of the 160 countries reporting to the World Health Organization, 152 have reported at least one case of AIDS with the cumulative total of 298,914 cases being reported as of 2 November 1990. [passage omitted]

Ghana, like all other countries, has not been spared by the AIDS pandemic. Available data indicate that many more people are being affected by the killer disease. In 1986, 26 cases of AIDS were reported in this country, while 35 and 266 cases were reported for 1987 and 1988 respectively. In 1989 alone [numbers indistinct] cases were reported and preliminary analysis of data for 1990 indicate that the number of cases reported in 1990 will exceed that of 1989.

In Ghana, although the transmission of the AIDS virus is mainly through heterosexual contact, there is a female preponderance of AIDS cases. In 1986, the male to female ratio was as high as one is to eight. The ratio in 1989 was one is to four, although men and women infected with the AIDS virus face physical pain, psychosocial trauma, and sometimes discrimination, AIDS presents additional problems for women. [passage omitted]

At present evidence suggests that between 25 and 35 percent of infants born to HIV-infected mothers will be infected and most of these children will die before their fifth birthday. Looking after such children is particularly stressful for women, who are themselves infected with the AIDS virus.

World AIDS Day today should be seen as a day to open fully all channels of communication to strengthen the exchange of information and experience, and to forge a spirit of social tolerance. The challenge facing us is how to reduce some of the adverse effects of AIDS on women. It is imperative that women's access to information about AIDS be improved by mobilizing all women's groups to talk about AIDS. Men should also be encouraged to support women in their efforts to protect themselves from AIDS. In the long-term, an improvement in women's social, economic, and political status would alleviate many of the AIDS-related problems which they face.

### Government To House Indigenous AIDS Treatment Shrine

AB0412122890 Accra Domestic Service in English  
1 Dec 90

[Text] The government is to build a hostel at (Ngoase) for AIDS patients at the Drobo Memorial Clinic. The Brong Ahafo regional secretary, Mr. Owusu Acheampong, announced this at Ngoase at a durbar to highlight activities marking this year's Apuror Festival at the Kwaku Ofiri Shrine. During the celebration, the people speak out freely without fear of victimization, against any misdeeds by leaders during the year. This is meant to make the leaders behave better in the coming year. Nana Drobo announced that his clinic is entering into cooperation with the Department of Pharmacy of the University of Science and Technology for research and development of herbal medicine for the cure of breast cancer and diabetes. He disclosed that since 1988, he has successfully treated 45 people with the HIV virus who had been tested positive by the Korle Bu and Okomfo Anokye Teaching Hospitals. Eighty-five others with the virus are now undergoing treatment at the center. Nana Drobo said as a result of research and experience, the treatment period for AIDS patients is now three months instead of six months initially.

**Medical Association on Child Marriage, Abortion**

*AB0712190890 Dakar PANA in English 1841 GMT  
7 Dec 90*

[Text] Accra—The week-long eighth congress of the Confederation of African Medical Associations and Societies (CAMAS) ended in Accra Friday with a call on African governments to seriously consider enacting legislation against child marriage and to review all laws on abortion. In a four point resolution clearly aimed at curbing teenage pregnancy and its attendant problems in Africa, the participants held that adolescents on the continent are sexually active but have no access to contraception or do not use them. The conference attended by some 14 African medical associations was under the theme Health of the Mother and Child in Africa.

The resolution noted that adolescent sexual behaviour exposed teenagers to sexually transmitted diseases that may compromise their future reproduction or result in premature deaths. The doctors there urged African governments to make provision for health services specifically for adolescent reproductive health needs.

In a separate resolution, the meeting recommended that respective medical associations should work with their governments to improve the educational and socio-economic status of women. Members should improve family planning services as well as referral systems which have a bearing on the quality of maternal care.

The resolution said in order to make an impact on the rural communities, emphasis should be placed on the training and retraining of traditional birth attendants. Medical associations should also incorporate components of primary health care such as adequate food supply, immunization and control of locally endemic diseases in the safe motherhood strategy at all levels of medical training.

**KENYA****Ownership and Availability of Anti-AIDS Drug**

*EA3011123890 Nairobi KTN Television in English  
1800 GMT 28 Nov 90*

[Text] The minister for health, Mwai Kibaki, said today that Kemron was developed by KEMRI [Kenya Medical Research Institute], jointly collaborating with Amarillo Cell Culture Company of Texas, and Hayashibara Biochemical Laboratories of Japan. He said the drug's ownership has clear delineated roles played by the three collaborators.

The minister was giving a ministerial statement in parliament on the ownership and availability of the drug. He assured the members that Kemron would be available at a small cost. He said plans were under way for its availability to provincial hospitals and other approved institutions through KEMRI. Kibaki said that due to the

drug's sensitivity it remained a restricted medicine. He said it was still undergoing hospital-based clinical trials.

**Health Minister on Resources Shortage, AIDS**

*EA0112125990 Nairobi KNA in English 1420 GMT  
30 Nov 90*

[Excerpts] The government predicts three years of resources shortages brought about by the Gulf crisis and increased fuel prices, which have continued to drain most of the foreign exchange earnings. The forecast was made today by the minister for health, Mr. Mwai Kibaki, when he opened a one-day workshop on "Women, Children and AIDS", at the Kenyatta International Conference Centre. The workshop, organised by the Kenya Medical Womens' Association and sponsored by the National AIDS Control Programme, also doubled as part of the activities organised to mark the World AIDS Day tomorrow.

The minister said that while the government will do everything possible to carry out essential health programmes, he cautioned that some programmes might be forced to delay until the resources stabilized. On AIDS, the Acquired Immune Deficiency Syndrome disease, the minister noted that there were 11,000 reported cases in Kenyan hospitals and that 200,000 persons were estimated to be HIV positive. [passage omitted]

The minister said that the government through his ministry had succeeded in creating awareness of the killer disease and called on Kenyans to check their social habits which might lead them to contracting the disease. [passage omitted]

**Increase in AIDS Sufferers**

*AB0212151990 Dakar PANA in English 1334 GMT  
2 Dec 90*

[Text] Nairobi—The number of AIDS sufferers in Kenya has risen from 9,000 to 11,000 over a three month period, the country's health minister, Mwai Kibaki, said Saturday. He said that the country now had over 20,000 HIV virus carriers and that people should take caution since there was no way of telling who had the virus.

In a meeting to mark the World AIDS Day attended by hundreds of Nairobi residents, Kibaki said that the disease had permeated society and would continue to do so unless everyone took part in the campaign against AIDS. He said the World Health Organization (WHO) projected that between 1.5 million and three million women would die of AIDS in the 1990s and that women AIDS sufferers would pass it on to their children, hence the need for special focus on women.

The minister called on the society to show compassion for AIDS orphans since they had no one to depend on. These children belong to us, we must help them, provide them in the true African tradition, he said.

## MALI

### 100 AIDS Cases During First Week in 1990

AB0512102890 Bamako Domestic Service in French  
1500 GMT 1 Dec 90

[Excerpts] The international community is celebrating the third World AIDS Day today under the theme: Women and AIDS. Following is an excerpt of the statement of Dr. Abdoulaye Diallo, minister of public health and social affairs.

[Diallo recording] Why AIDS and women? According to WHO reports, during the first 10 years of the disease about 500 cases of AIDS occurred in women and children. According to the same source, in the 1990's the disease will claim at least 3 billion additional victims within the same group. [passage omitted]

In Mali, out of 100 patients counted in the first week of 1990, 34 are women, 56 percent of whom are between the ages of 20 and 39. It seems important to me to emphasize here that the impact on women is not only a matter of figures. This disease affects them because of their various social, economic, and family roles. [passage omitted] [end recording]

## MAURITIUS

### AIDS Reportedly Under Control; Prevention Stressed

91WE00994 Port Louis LE MAURICIEN in French  
10 Nov 90 p 4

[Article by Jean-Marc Poche: "AIDS: Situation Is Under Control But The Country Is Still Vulnerable"; first paragraph is LE MAURICIEN introduction; italicized words published in English]

[Text] Although the AIDS situation is under control in Mauritius, the country remains highly vulnerable, said the vice-prime minister and minister of health Dr. Prem Nababsing during a press conference yesterday.

Dr. Nababsing explained that Mauritius was a tourist country and, as a consequence, was very open to foreigners. Contacts with visitors are increasing because Mauritians are traveling more and more. Such a situation requires that responsible Mauritian authorities be constantly vigilant.

Dr. Prem Nababsing introduced the press to a WHO delegation, headed by Dr. Astrid Richardson, currently in Mauritius to evaluate the AIDS awareness campaign.

The minister explained that Mauritius had received WHO aid as part of a global aid program initiated by the organization in 1987. Because for now the disease cannot be cured by any medication, prevention must be stressed. A short-term program was carried out between August 1987 and December 1988. A medium-term program was begun in 1989. The WHO delegation now in

Mauritius is charged with assessing the plan and making appropriate suggestions to improve it.

WHO's representative Sir J. Fareed, for his part, underscored the political will of the government, which totally supports the AIDS awareness campaign. The virus, he said, is rapidly spreading in the world and today affects some 280,000 people, 95 percent of them young and of middle age. The situation is becoming more complicated with transmission "from mother to child".

Dr. Astrid Richardson was extremely pleased with the work done in Mauritius and the way the program is being executed. If the effort continues, Mauritius will be able to be used as a model "for the low prevalence of AIDS."

As Dr. Chan Kam, head of the Mauritian prevention campaign, emphasized, 10 cases of seropositive individuals have been officially reported in Mauritius, five of them fatal.

## NIGERIA

### Health Minister Reports 500,000 AIDS Patients

AB2711181790 Paris AFP in French 2049 GMT  
23 Nov 90

[Text] Lagos—Nigerian Health Minister Professor Olikoye Ramsome Kuti said at a news conference here today that some 500,000 people have been infected by the AIDS virus in Nigeria, adding that 20 percent of prostitutes in Lagos are HIV positive, according to a survey conducted by specialists. The minister said that his ministry made a point of publishing these figures in order to create awareness among the population on the spread of the disease in Nigeria.

The Nigerian minister explained that the factors contributing to the spread of the virus include: the existence of "professional blood donors" who donate their blood in exchange for sums of money; prostitution; and the diffusion of infected blood. According to eyewitness accounts received by AFP, blood donors roam about government hospitals selling their blood to needy patients for 100 to 200 naira (\$20) a liter.

## SENEGAL

### No AIDS Cases Reported in Armed Forces

91WE00664 Dakar LE SOLEIL in French 4 Oct 90 p 5

[Article by F. Diaw: "Audio-Visual Materials for the Soldiers"]

[Text] The Minister of Public Health and Social Development Mr. Assane Diop and the Air Force Division General and Chief of Staff of the Armed Forces Mansour Seck, attended a ceremony marking the arrival of an important shipment of audiovisual materials from the National Anti-AIDS Committee to the Armed Forces Medical-Social Service. It took place late Tuesday morning 25 September

at Camp Dial Diop, which houses the headquarters of the Armed Forces. The equipment was provided by the World Health Organization.

It will serve to disseminate preventive messages aimed at combating the scourge, of which there are already 361 official cases, throughout the corps (gendarmes and soldiers). No cases have been reported within the ranks. Dr. Ibra Ndoye and physician-commanders Lamine Cisse Sarr and Souleymane Mboup, national coordinator, president, and head of the sero-epidemiological committee of the CNPS (National Social Welfare Fund) respectively, attended the ceremony, as did a number of army and gendarmerie superior officers.

As far as the Minister of Health and Social Development and General Mansour Seck are concerned, preventive habits are instilled very early in military recruits and have existed for a very long time. The prevalence rate of sexually transmitted diseases [STD] among soldiers in Senegal is practically nil. There is confidence that not a single preventable case is tolerated in the military. That is true for STDs and many other illnesses.

General Seck pointed out that the health services of the Armed Forces were totally available to effectively step up and diversify informational and educational activities to prevent AIDS.

## SIERRA LEONE

### PANA Cites AIDS Statistics

*AB0412194090 Dakar PANA in English 1357 GMT  
4 Dec 90*

[Article by Eve Langba]

[Text] Freetown—Sierra Leoneans have now accepted the reality that the killer disease AIDS is steadily on the increase in their West African nation.

As the country's first lady, Mrs Hannah Momoh, was launching the celebrations marking the 3rd World AIDS Day Saturday, a total of 16 Sierra Leoneans had officially died of the disease, which was first heard of in Sierra Leone in 1987.

At the time, the first case of a Sierra Leonean AIDS patient was announced in a telex received in Freetown from the country's embassies in Bonn and Moscow. A few days later, another telex was received from Interpol that the victim was airborne and would arrive by Aeroflot from Moscow.

As if the country faced an imminent invasion, the Sierra Leone police and military were immediately put on standby and the news was in all the local media.

This was how the problem of the killer disease AIDS blasted its way into Sierra Leone, catching everybody, including the government on the wrong foot. But the panic quickly disappeared, as the government had to

take urgent measures to cope with sporadic cases of the disease from various areas around the country.

According to statistics from the national AIDS committee, to date a total of 4,100 blood serum samples from prostitutes, homosexuals and heterosexuals have been tested at the special AIDS laboratory at the Connaught Hospital in Freetown. Out of these lot, 200 prove to be positive while 35 others have already developed into full-blown AIDS cases.

The national AIDS control programme, which started operations in 1987, has already mapped out four priority areas for the prevention and control of the AIDS disease in Sierra Leone. These priorities are: establishing a laboratory for HIV testing, an epidemiological survey, health education and the development of a medium term plan (MTP) for combatting the disease.

This programme has obtained support from the United States Agency for International Development (USAID) which is currently sponsoring AIDS control activities in western and eastern Sierra Leone.

## SOUTH AFRICA

### Cabinet Approves Interdepartmental Committee To Combat AIDS

*MB2910133690 Johannesburg Domestic Service in English 1100 GMT 29 Oct 90*

[Text] A national interdepartmental committee for the combatting of AIDS has been approved by the Cabinet.

The minister of national health and population development, Dr. Rina Venter, said in a statement in Pretoria this step confirmed the government's commitment to make optimal use of the government sector in the fight against the virus. The committee will include the director generals of several government departments who will be appointed by Dr. Venter.

The function of the committee will be to promote programs to combat AIDS at all levels within the government and private sectors, to identify the role of various departments and to coordinate and evaluate projects.

### AIDS-Linked TB Epidemic Predicted

*91WE0123D Johannesburg SUNDAY TIMES in English 11 Nov 90 p 12*

[Article by Terry van der Walt]

[Text] A wave of tuberculosis cases may soon swamp South Africa after the discovery of a deadly link between the bacterial infection and AIDS.

Already hospitals are dealing with increasing numbers of AIDS patients who succumb to TB as their immune systems collapse. The World Health Organisation is also

looking into the possibility that TB speeds up the progress of HIV infection to fully blown AIDS.

SA doctors fear a second outbreak of TB may soon follow the first as the disease is highly infectious and spreads rapidly—particularly in poorer communities.

### Deaths

Apart from the risk of passing on AIDS, each TB sufferer can also infect half the people he or she comes into contact with, according to a WHO report.

The report adds that, after a steady decline in TB cases in much of Africa, the disease is on the rampage again and health workers predict an "avalanche" of cases soon.

TB experts are talking about a "holocaust" and health services are worried about how they will cope with the flood of cases in the next few years.

Hennie Oosthuizen, the SA National Tuberculosis Association's public relations officer for the Western Cape, said there had already been a substantial increase of TB in the area—traditionally the worst-hit in the country.

"We have some 5 deaths a day and 54 new cases reported each day," said Mr Oosthuizen.

Dr Theo Collins, the South African National Tuberculosis Association's community education director, said:

"Between 12-million and 15-million people in this country have dormant TB infections and may never suffer from the disease. But, if they become infected with the HIV virus, they stand a 99 percent chance of developing TB and then may pass it on."

"The major drugs used against TB are not effective in an HIV patient because his or her immune system is unable to do its part."

The drugs inhibit the spread of the bacteria while the immune system is supposed to do the rest in eradicating it entirely.

### Risk

Dr D. Dickson, director of the East London Blood Transfusion Service, said vaccination against TB in HIV-infected people will not work either.

He said the TB vaccine depended on the immune system being intact for it to work. And, because it is a live virus vaccine, there is a risk of the HIV patient becoming infected instead of developing an immunity to tuberculosis.

Dr Collins said Santa was running a programme where children with dormant TB infections were given drug treatments until the bacteria is killed off.

Doctors consider him a good candidate for the expensive treatment because his mum is punctual with her appointments.

"Given on a monthly basis, the serum keeps infection at bay and Sipho is one of our healthier babies as a result," said Dr Friedland.

"But there is no cure. AIDS babies are like children who are always sick."

"They have chronic symptoms of diarrhoea and enlarged glands and their growth is stunted," he said.

"They die when a bad attack of pneumonia strikes."

"Taking precautions is the only way to prevent AIDS, as the virus is sexually transmitted," he said.

"AIDS spreads because it has a long incubation period of up to 10 years during which you yourself may not be sick, but you can pass the virus on."

### AIDS Epidemic Spreading to Women, Children

91WE0123C Johannesburg SUNDAY TIMES  
in English 11 Nov 90 p 12

[Article by Felicity Levine]

[Text] At least one AIDS-infected baby is being born in South Africa every day—and most mothers are too afraid to tell the fathers the truth.

At Soweto's Baragwanath Hospital alone 300 AIDS mothers have given birth this year. The figure last year was 100.

AIDS expert Professor Ruben Sher said the only way for South Africa to avert disaster was for victims to face the truth and take proper precautions.

### Angry

He estimated that 1 in every 150 women in PWV townships could be infected, but so far there were no infected white babies on record.

He said: "AIDS is spreading at an alarming rate because people are promiscuous. Every time they move they take the virus with them."

"We are in the acute stages now and people must stop denying it."

Official statistics give the number of children with AIDS as only 69—but experts dismiss this figure as "the tip of the iceberg."

While unwilling to confirm the figures, specialists at the hospital agreed that paediatric AIDS was on the increase.

Paediatrician Dr Ian Friedland, who heads the Baragwanath AIDS unit, said:

"We do not officially screen for AIDS and have no means of keeping track of all the women who give birth here."

"Our conservative estimate is that at least 100 HIV-positive women gave birth last year, and 300 this year."

"The figure could even be greater."

Mothers are spreading the virus because they are afraid to tell their husbands and lovers they are infected.

The plight of these women is pitiful as they watch their babies die, knowing they are dying themselves.

This week young mothers who are out-patients at Baragwanath spoke of the agony of bearing their AIDS-burden alone.

"When I am at home and my child is not ill, I forget we are both dying. But, when she gets sick and I bring her to the clinic, the nightmare starts again," sobbed a 20-year-old Alexandra mother.

"I breast feed even though it spreads the virus to my child. If I stop, my husband will ask me why and I cannot tell him we have AIDS."

A beautiful 22-year-old Thokoza mum was shattered this week when she was told she and her four-month-old baby were HIV positive.

Gazing down at her doomed child, she said: "I have not even told my husband...I just tell him the child is sick."

"He would be angry with me. My mother, who has a hot temper, would beat me."

The baby is undersized, has chronically swollen glands and a cough.

She was admitted to Baragwanath a week ago with pneumonia. Now she is well enough to be discharged until the next bout of infection strikes.

Dr Friedland said 11 children and their mothers were under his supervision.

"The number varies because many never come back once they are diagnosed positive," he said.

"Denial is a key reaction and getting them to tell their husbands or take precautions is extremely difficult."

Despite high-profile education campaigns, township men are still reluctant to take precautions.

Few people have changed their lifestyles and many men readily admit to having more than one partner.

A recently-diagnosed HIV-positive single mother from Soweto considers herself lucky because she does not have to tell her boyfriend they and their baby have AIDS.

"He was killed in a gun-fight in Soweto last month, so I don't have the problem of telling him," she said.

The 18-year-old woman decided it was preferable not to have sex rather than take precautions.

"I cannot ask a man to wear a condom. He will be suspicious," she said.

The single mother has just recovered from an attack of tuberculosis. Baby Sipho receives monthly shots of intravenous anti-bodies at Baragwanath to boost his immune system.

### Soweto Launches Campaign to Fight AIDS

91WE0123A Johannesburg *THE CITIZEN* in English  
15 Nov 90 p 15

[Text] A new campaign to combat AIDS in Soweto would involve the whole community, particularly women, said the Medical Officer of Health for Soweto, Dr Ngokoana Khomo.

She said this year had been declared the Year of the Woman and AIDS by the World Health Organisation and that the SA Department of Health had initiated the Soweto campaign via a letter from the Minister of National Health, Dr Rina Venter.

Dr Khomo announced that church groups, youth organisations, teachers, nurses and traditional healers (sangomas) would be involved in the campaign.

### Awareness

She said health education, in the forms of awareness, dissemination of knowledge and motivating changes in people's lifestyles, was of prime importance.

Dr Khomo said women were responsible for the physical and moral upbringing of their children and by involving them in the AIDS campaign, and she hoped to cut off the spread of the disease through paediatric infection.

At the same conference, Dr Paul Vorster of the Department of National Health, said that World AIDS Day would be on 1 December and extensive planning was already in hand for South Africa's participation.

### Fatal

He said the disease was fatal because it was incurable and no vaccine was available.

The latest statistics show 229 South Africans have died of AIDS from 499 cases reported since the disease first appeared in 1982.

The figures showed that since the first two cases were reported in 1982, the number had increased by 259 homo/bi-sexual, 176 heterosexual, 14 haemophiliac, 17 blood transfusions, 32 paediatric and 1 intravenous drug abuse case.

There had been a marked increase in heterosexual cases since 1989 while homosexual incidences had dropped dramatically from its 1989 peak.

**Johannesburg Leads Nation in AIDS Cases**

91WE0123B Johannesburg *THE STAR* in English  
16 Nov 90 p 1

[Article by Shirley Woodgate]

[Text] The Johannesburg/Soweto area is the AIDS capital of South Africa.

Some 10,000 of the 100,000 people now infected with the virus have been diagnosed, a report released yesterday by the Johannesburg City Health Department has found.

But the killer disease's epicentre appears to be moving to Natal and Kwa-Zulu, according to senior deputy medical officer Dr Nicky Padayachee.

Coinciding with the release of the report, Dr Padayachee issued an urgent appeal for greater efforts by Government departments to combat what he termed "the worst epidemic to hit the world since the turn of the century."

The report confirms findings that AIDS, which was previously seen as largely a homosexual disease, has shifted heavily into the heterosexual arena.

Up to the end of last year, two-thirds of the country's reported AIDS cases were transmitted by homosexuals, mainly white.

However, a significant shift has occurred since the start of 1990 when more than half the reported cases have been transmitted by heterosexuals, mainly black.

The report states that in 20 years' time, between 20 and 40 percent of the total black adult population may be infected, depending on the availability of an effective vaccine, new drugs and the scope of preventive health education programmes.

Figures show that men account for nearly 80 percent of all reported cases in the country.

Among whites, infected males outnumber women by 36 to 1, among coloureds by 3 to 1 and among blacks the proportion is equal, the survey found.

**Doubled**

The average number of actual AIDS cases throughout the country has doubled every year since 1982, when the first two cases were reported.

Transvaal has the most cases, followed by Natal, the Cape and the Free State, with the bulk of the cases occurring in the biggest cities in each province: Johannesburg, Durban, Cape Town and Bloemfontein.

"The SABC should seriously rethink its refusal to screen condom advertisements, and more education at schools level is essential in view of recent statistics from the Cape showing 70 percent of high school pupils are sexually active," Dr Padayachee said.

The World Health Organisation has predicted that an estimated 10 million infants and children in sub-Saharan Africa will develop and die from AIDS by the year 2000.

Worldwide, an estimated 8 million people are infected, of whom 5 million are in Africa, the International AIDS Centre has said.

**Government Cuts Funding for Fight Against AIDS**

MB2511120190 Johannesburg *SUNDAY TIMES*  
in English 25 Nov 90 p 3

[Report by Felicity Levine: "R1.8m Is Slashed Off AIDS Budget"]

[Text] The government is "shifting" funds allocated for the fight against AIDS to other sectors.

Democratic Party health spokesman Mike Ellis yesterday disclosed that R [rand]1.8-million had been cut from this year's R5.4-million AIDS budget.

The money will be used for immunisation instead.

"I was told by senior officials at the Department of National Health that they had run out of money for immunisation," said Mr. Ellis.

"They, too, are deeply concerned about taking funds from the small amount allocated for AIDS."

The R5.4-million AIDS budget covers:

- A national education programme;
- A surveillance project to estimate the numbers infected;
- Research carried out by the National Institute of Virology.

Johannesburg Health Department AIDS expert Dr. Nicky Padayachee slammed the cut as "irresponsible".

"Mozambique, one of the poorest countries in the world, spends twice what we do on AIDS," he said.

**Government Says Fight Against AIDS 'Absolute Priority'**

MB2711134890 Johannesburg *SAPA* in English  
1234 GMT 27 Nov 90

[Text] Pretoria—The AIDS crisis in South Africa is regarded as an "absolute priority" by the Department of National Health and Population Development.

Reacting to earlier reports stating that R [rand] 1.8 million was cut from the AIDS budget, the department said in a statement faxed to SAPA on Tuesday [27 November] no cutback of the budget is intended for this year.

The department said continuous education programmes were needed to increase awareness that individuals have a responsibility to stop the spread of the virus.

#### **HIV-Positive Eastern Province Blood Donors Increase**

*MB0312204290 Johannesburg SAPA in English  
2015 GMT 3 Dec 90*

[Text] Cape Town—The number of blood donors diagnosed as HIV-positive at the Eastern Province Blood Transfusion Service has trebled this year.

Ten people who have attempted to donate blood to the service have tested HIV-positive this year, according to a spokeswoman.

In 1989 three blood samples were found to be HIV-positive when tested, she said.

There have been 34 HIV-positive donors identified at the unit since testing was first started in September 1985.

The deputy medical director of the unit, Dr Jane Pearce and a nursing sister, have been counselling the blood donors and their families. The donors were informed for the first time they had tested HIV-positive by the service.

The infected donors have varied from 18 to 35 years old, with an average age of 24 years.

Blood that is tested and shows up negative to the HIV antibodies can still be infected. The HIV antibodies might not have shown up in the blood when it is tested but the virus could still be present, according to the spokeswoman.

There is a risk of one in 500,000 of catching AIDS from tested blood, she said.

There have been no cases of a person being infected with tested blood in the western Cape.

#### **Department Reports Increase in Pediatric AIDS Cases**

*MB1212130390 Johannesburg THE STAR in English  
12 Dec 90 p 1*

[Report by Marguerite Moody: "Concern at Increase in Paediatric AIDS Cases"]

[Text] Twenty new cases of AIDS were reported last month, bringing the total number reported so far to 574, the Department of National Health and Population Development said yesterday.

In its latest AIDS update, the department said the number of paediatric cases had increased from 23 in June to 74 at the end of November.

"It is clear from the number of paediatric cases that heterosexual AIDS is on the increase, and this has serious implications for child health and future generations."

A large part of the department's AIDS prevention activities next year will be concentrated on young people.

Planned projects for 1991 include the following:

- Two AIDS educational films for high school children, dealing with the facts around AIDS, and the prevention of the disease.

- A survey of young people's attitudes, beliefs and practices surrounding sex and AIDS. This survey will guide future education strategies.

- A campaign to make parents aware of the importance and need for open AIDS and sex education.

- The design of an AIDS training package for schoolchildren. This package will enable any youth worker, teacher or parent to inform children about AIDS and to prepare them to meet the challenge of a safe sexual lifestyle.

"In this major and important effort the department can only succeed with maximum support from the general public, including young people themselves, parents, teachers and all youth workers," the statement said.

#### **SWAZILAND**

#### **Health Minister Says AIDS Spreads at 2 Percent Rate**

*MB2911084190 Mbabane THE TIMES OF SWAZILAND in English 29 Nov 90 p 3*

[Unattributed report: "AIDS Cases Up By Two Percent"]

[Text] Health Minister Dr. Fanny Friedman says AIDS in the country is rapidly spreading, at a rate of two percent compared to 0.2 percent in 1987 when the first case was reported in Swaziland.

So far 28 people have been confirmed to be suffering from AIDS, Dr. Friedman told the 18th Commonwealth Regional Health Minister's Conference for East Central and Southern Africa held in Gaborone, Botswana recently.

She said means have been made to curb the disease.

"A number of workshops have been organised in the country for different groups such as community leaders, traditional healers and journalists," she said.

Dr. Friedman also reported to the seminar that the screening of blood for transfusions and confirmation of the HIV tests are now done here.

She said a survey on sexually transmitted diseases and their close link with AIDS is being conducted by a consultant from the European Economic Community.

"The results will be available before the end of the year."

## TOGO

### Official Briefs Mrs. Mitterrand on AIDS Figures

AB1212161490 Lome Domestic Service in French  
1900 GMT 10 Dec 90

[Excerpt] This morning, Mrs. Danielle Mitterrand, wife of the French president and president of the French Liberties Foundation, held a meeting at the WHO center in Lome. She was accompanied by the Togolese first lady, Mrs. Badagnaki Eyadema, and was welcomed upon her arrival at the center by the WHO officials there.

Later, Dr. Dayuka Awissi briefed the president of French Liberties about the National Committee Against AIDS. According to Dr. Awissi, this program is one of the six major parts of our country's health program. To coordinate the anti-AIDS fight, the National Committee Against AIDS was set up in 1987. This committee includes representatives of all political, religious, and traditional structures in our country. The committee has carried out several activities in the area of information, education, and communication. According to Dr. Awissi, it has produced posters, folders, car stickers, T-shirts, and caps to support its information, education, and communication activities. It has also utilized the media for its activities.

The chairman of the National Committee Against AIDS stated that it is compulsory in Togo to declare AIDS cases. All doctors must declare all AIDS cases they have diagnosed. Thus in 1987, two cases were declared; in 1988, 15 were reported; in 1989, 39 were declared; and this year from January to September, 63 cases have been reported by our doctors. The National Committee Against AIDS chairman said that among Togolese AIDS patients, there are more men than women. [passage omitted]

## UGANDA

### Museveni Says 1.3 Million Infected With AIDS

EA0212185890 Kampala Domestic Service in English  
1000 GMT 1 Dec 90

[Speech by President Yoweri Museveni at Kololo Air-strip, Kampala, to mark World AIDS Day—recorded]

[Excerpts] Representatives of the World Health Organization, diplomats, fellow Ugandans: We in the National Resistance Movement have fought many wars and most of them we have fought successfully. I must, however, admit that the AIDS war is the most insidious we have had to fight, although I hope we shall ultimately win it. It was decided very early after the establishment of our administration that this monster, AIDS, be given a face so that our people can recognize the monster immediately to enable them to run away from the scourge. We therefore have pursued a policy of openness and candor as far as AIDS is concerned. This, in our view, is the best

approach to the problem. So I will be as open and candid as possible on this World AIDS Day, whose theme is: Women and AIDS.

Today is World AIDS Day because AIDS is a worldwide problem, but the statistics for our region, sub-Saharan Africa, and particularly for our country, Uganda, are depressing. Sub-Saharan Africa accounts for five million of the estimated eight million cases of HIV infection worldwide. Of the eight million people with AIDS in the world, five million are in black Africa, what they call sub-Saharan Africa, and 1.3 million are in Uganda. So of the 40 or so black African countries, who all together have got 5 million, we have got 1.3 million people with AIDS infection.

In Uganda alone, as I have already said, more than 1 million are carrying the virus and over 15,000 adults have been reported to the hospitals as having AIDS. Children are not spared either, and in Uganda 100 percent of all reported cases are children [as received] between the ages of two and five.

The reported cases are merely the tip of the iceberg. What is submerged and is unreported is even more frightening. As I have said, 20,000 are reported, but actually 1 million are infected—1.3 million. Now from what I hear, there is indeed a war syndrome surrounding the AIDS scourge. As in other wars, AIDS kills the most productive segment of the population between 15 and 49 years. We can therefore never hope to develop and prosper with a population of children and the aged. AIDS has amongst other problems created the enormous problem of orphans, orphans both of whose parents invariably die within a short time of each other. In the decade of the 1990s, 10 million children will be orphaned in Africa.

Under normal circumstances our extended family structures were capable of absorbing these orphans, but not any more, because few families have been left unscathed in the AIDS-ridden areas. So the traditional system of extended family, which used to care for orphans, can no longer cope with this scale of orphans. In the past if somebody died, then the brother would take over the children and then the mother or father would be around. But the scale is now too much for the traditional system of caring for orphans, for they are too many and the adults who are dying are also too many.

Furthermore, with growing urbanization, the extended family has tended to succumb to the nuclear family due to the nature of urban family economies which are incapable of catering for the extended family. So the extended family is itself under attack. It is no longer there. It is succumbing to the Western nuclear family—husband and wife and two children and a dog and a cat [laughter]—because this is the system they have in the West. In the West they are also losing. Even the nuclear families are no longer there for the Western countries. But for us our situation is not good at all.

I commend the efforts of nongovernmental organizations such as Africa Foundation, Child Welfare and Adoption Society, Ambassadors of Hope, World Vision, Daughters of Church, and all the ones I saw here today. I salute or I commend their efforts. The resources of these organizations are clearly inadequate to cope with the flood of AIDS orphans and orphans of other wars. These organizations deserve all the support we are capable of giving them.

What is to be done? The government has embarked on a multisectoral approach and that end has established a ministerial AIDS commission under either the chairmanship of the prime minister or the president. I have not decided on this. We shall see what to do, but it will either be under me or under the prime minister. But I am about to make a decision on that issue. But it will be multisectoral. It will no longer be in the Ministry of Health because the Ministry of Health has no drugs. So what are they for? [laughter] I do not see why we should waste time with them. In any case, they are not equipped to deal with orphans.

The commission will have its own secretariat which will plan, monitor, and coordinate all AIDS-related programs throughout the country. It will also facilitate the mobilization of funds for these programs from within and from outside Uganda. I call upon all opinion leaders at all levels of governance to give high priority to the control of AIDS. [passage omitted]

Women are the real builders of families because they are the real procreators of children and have a greater influence over them, particularly in their early lives, than men. In most cases mothers retain this greater influence over their children well into adult life. So women play a major role in the molding of people, and they are the foundation upon which families and nations are built. They will now have to play a leading role in the survival of the community of our society. I am now appealing to Ugandan women to seriously rethink the bringing up of their children. Have a look at the nation, at the family again. What is the role of the family? Is the modern ugandan family still performing its real functions? If not, what is to be done? [passage omitted]

## ZAIRE

### Preventive Measures Said Slowing AIDS Spread

91WE0048A Paris LE MONDE in French  
24 Oct 90 p 19

[Article by LE MONDE special correspondent Jean-Yves Nau]

[Text] Matonge, the old Kinshasa pleasure quarter, was burying one of its own that night under the open sky. Prior to the funeral held in broad daylight there had been a gathering of people for the "mortuary party", a gripping expression of collective mourning. By the red light of candles, the women shook branches, sang, and wept to

the cadence of an invisible orchestra. In the darkness one could sense the presence of the crowd, male and silent, in the distance. Matonge was strangely empty that night. There was no excitement at the Good Samaritan, no excitement at the Sans-Chemise past midnight. And much later, at Petit Jean's and Kitoni Mayard's, only a handful of couples were there to drink the local beer. The only ambiance to be found was in the foreign alcohol and Zairian music of the air-conditioned nightclubs uptown. Not far from the river, a few cars were slowly gliding along 30 June Boulevard and Justice Avenue looking for "Londoners," "free-living" women thus called because of their taste for miniskirts and Western garb.

### Love and Death

Are people still having fun in the Zairian capital? It is doubtful. Matonge is sad and "Kin joy" and "Kin ambiance" have lately changed. AIDS is no longer a menace here: It has become a scourge. People are learning to live one day at a time with the creeping infection, harder to bear than any known disease since it involves nothing less than sex, and a malady that links love and death more closely than any other. Kinshasa is waking up to the magnitude of its drama. And after having cloaked it for some time, the city is no longer afraid to exhibit it openly, even while specialists monitoring the epidemic on the dark continent are beginning to nurture a few timid hopes for the bewitching and somber city. In contrast to most of the large urban agglomerations of central Africa, the Zairian capital seems to have managed to contain the spread of the infection afflicting it. Epidemiologists assure us that, although 7 to 8 percent of the capital's adults are infected with the AIDS virus, this proportion, although undeniably dramatic, has not risen for several years now. Not much of a victory announcement, to be sure, but the apparent leveling off does allow some timid hope. How do we understand what is happening here when it is known that the percentage of seropositive adults in Abidjan, Lusaka, Kigali, or Kampala is climbing steadily? Westerners in Kinshasa assume, without being able to prove it, that Zairians have changed their sexual behavior after seeing one or more fatal cases among their acquaintances. Many confidences made by women attest to the new attitudes of their partners. Might it, on the contrary, be a natural phenomenon? With the epidemic having reached a sort of plateau, perhaps the virus cannot, for various mysterious reasons, continue its spread.

### "Prudence"

Until the trend is explained and, most important, confirmed, all we can do is underscore the number of preventive initiatives undertaken here over the last several years. They have made the Zairian capital the hub of innovative experimentation as well as a model that many African cities smitten by the epidemic could imitate. The first experiment concerned, naturally, condoms, of whose existence Kinshasa has recently learned and that

have become an essential prophylactic device. Dissemination of condoms in Kinshasa is the most striking example of what specialists call, for lack of a better term, "social marketing." Distribution in dispensaries or health centers, nearly always ineffective, had to be abandoned in favor of the usual marketing channels. The profits earned were then reinvested to boost distribution of the product. Zaire has thus become one of the target areas of Population Services International, a nonprofit American association, which for the last three years has attempted to step up distribution of the condoms supplied free of charge by the United States via USAID [US Agency for International Development]. Manufactured by Ansell Corporation, the "American condoms" are repackaged in Kinshasa under the French-language brandname Prudence, with an African logo showing a panther against a full moon and an explicit slogan: "The condom of the self-confident man." Prudence has so thoroughly invaded Kinshasa that the brandname has become synonymous with condoms. Prudence is everywhere, on signs, calenders, tee-shirts, beer-glass bottoms.... This, of course, shocks the prudish customers of the Intercontinental Hotel. Prudence sells for 30 centimes a package of three and is easy to get in nightclubs, companies, or military installations. Sales have skyrocketed. "We will jump from 20,000 condoms distributed in 1987 to 9 million, and our goal for next year is 16 million," explains Mr. Carlos Ferreros (Population Services International). Purchases of Prudence condoms are made by men nine times out of ten. Seventy percent of users admit to employing them between one and three times a week, and 22 percent over four times a week. Mr. Ferreros is pleased with the attitude of Catholic authorities, officially hostile to the use of male condoms—an increasingly difficult attitude to uphold—but who have not in practice opposed his association's work. He has announced that distribution will soon be expanded to the remainder of the country, despite numerous transportation problems. The association has a long job ahead of it, especially in the rural areas of Zaire, where several studies have shown that the vast majority of women have never seen condoms and do not even know they exist.

#### Twelve "Hunters"

Kinshasa has also been the site of another highly exemplary preventive initiative for the last two years. Led by Dr. Marie Laga (Anvers Tropical Medicine Institute), it is part of the national "AIDS" project funded by the Americans and Belgians and headed in Kinshasa by Dr. Nzilambi Nzila, an epidemiologist. Zairian's capital has thus become, together with Kenya's, one of the rare metropolises of black Africa where thinking about AIDS and prostitution has finally broken out of specialist circles. "In the beginning, this was in 1988, we were looking at the possible relationships between sexually transmitted diseases and infection with the AIDS virus," explains Dr. Laga. "We wanted to provide an answer to the question, which has remained highly controversial. Today we think we have proved that the presence of sexually transmitted diseases promotes infection by the

virus. As soon as that is shown, prevention of AIDS depends on preventing gonorrhea, trichomoniasis, or infections with chlamydia. In practice, then, we have begun large-scale preventive work."

In 1985 Dr. Nzila had already established, based on a study of 300 prostitutes, that 27 percent of them were seropositive. Belgian and Zairian doctors then began a long quest to gather one of the largest "cohorts" of prostitutes ever assembled in Africa.

The Belgian and Zairian doctors, making the most of the vestiges of colonial health facilities, hired 12 "hunters"—six men and six women—and succeeded in persuading the women that participation could only benefit them. They gathered over 1,200 prostitutes in Kinshasa. This long-range undertaking made it possible for the first time to sketch a rough map of the very complex world of prostitution in this city of nearly 4 million inhabitants.

The investigation was especially difficult in that it was carried out without any police participation. Although officially illegal in Zaire, prostitution is fully tolerated there and exists, we are assured, without any form of pimping. The only argument used by the doctors was persuasion, sometimes combined, it is true, with some form of remuneration. In a house purchased in the heart of downtown Matonge, bearing no particular name and especially no distinguishing characteristic, each doctor performs scores of gynecological examinations daily, continually reiterates the advice, and hands out Prudence condoms (over 25,000 a month). Their use is explained, with the help of a wooden penis, to those who do not know how or do not dare ask. In the beginning, over 20 percent of the prostitutes knew nothing about the use of condoms and some of them thought they were supposed to swallow them.

The Belgian and Zairian doctors have just made public their findings. In 1988, only 2 percent of the prostitutes claimed to use condoms; today, all or nearly all of them say they do...from time to time. One reason, of course, is refusal (six time out of ten) by the customer who, having paid, feels he has the right to sexual relations without a condom. There is also (one out of three times) what the doctors term "negligence", with the woman saying she forgot all about it.

#### Sordid Prostitution

Finally, there are the much more complex relations with a regular partner. Here, the "mutual trust" of the relationship prohibits any use of condoms—accused either of lessening sexual pleasure or preventing conception, whereas a child is nearly always desired. This is especially problematical as the "regular partner" frequently has several partners himself and is often infected.

Over the last two years, 30 of the women in the group have died of AIDS. In 1988, 38 percent of them were seropositive. Today 40 percent are. A relatively slight rise when compared to that observed among Kigali or Nairobi prostitutes. But to achieve this, the doctors had,

unlike most of their public health colleagues, to go out into the "real night life" of the big city of Kinshasa and not limit themselves to "Londoners" and women working in the more or less discreet bordels here called "bars" and "hotels." The most difficult feat in the study was undoubtedly reaching the "Mingandos," women thus named for a tribe that lost all its men long ago and who, often elderly, prostitute themselves under the most sordid conditions.

The long investigation also required taking an interest in practices that until now have not been well known. One of these consists of having the woman "dry her vagina" using a number of organic or mineral compounds, either to give more pleasure to her partner or to "disinfect" herself.

With AIDS forcing the issue, it was necessary to take an interest in a thousand and one aspects of "Kinshasa" sexuality and to attempt to modify some of the most dangerous behaviors. It is an often thankless and difficult job, as was the one performed with the aid of the Zairian Commercial Bank among 178 "unmatched" couples. The term signifies that one of the two spouses is seropositive. Here too, the only weapon is the condom, now systematically used by 75 percent of the couples. The latest statistic bearing witness to the impact of AIDS on sexuality: the sharp decline over the last five years in cases of "criminal adultery" judged by the Kinshasa court, a drop which, according to Zairian specialists, can only be explained by the growing trend toward monogamy and sexual abstinence.

It is undoubtedly too early to establish a cause-and-effect link between these new behaviors and the relative leveling off of the epidemic in the Zairian capital. Nonetheless, Kinshasa today does seem like a showcase city, the model of what could be done in black Africa if political leaders could be induced to make an accurate measurement of the scourge afflicting them. People in the Mama Yemo Hospital in Kinshasa (2,000 beds for 2,600 patients) are dying more and more of AIDS; of the 200 patients in the internal medicine wing managed by Dr. Kapita, an average of 50 are AIDS patients, most often at the terminal stage. The doctors here do what they can, with the meager resources they possess and without any antiviral medications. For the multinational pharmaceutical company Wellcome, which makes the only effective product, AZT, has apparently not yet hit on a formula for humanitarian collaboration with the African countries that are the world's hardest-hit victims of this new and terrible disease.

#### **The "Zairian Model"**

Does Zaire know just how useful it can be by investing, as it has over the last two years, in an original program of AIDS information and prevention? If the truth be told, it is not so much the Zairian authorities as a small group of foreign doctors and moneylenders, essentially from Belgium, the EC, and the United States, that is behind Kinshasa's "AIDS project." Since historical colonial ties

and geopolitical interests are not always incompatible with health imperatives, this initiative and its funding have made it possible to implement concrete preventive programs. Those programs are not, at least we hope not, totally unrelated to the striking slowdown, even stagnation, of the epidemic in the country's capital.

The game, of course, is not over. It would probably be best to reinforce the programs undertaken as quickly as possible. Although the use of condoms has increased sharply, it is still far from the rule in most of the country, and detection of virus-infected and therefore infectious blood donors is not, as one might hope, systematically carried out.

The country's coldfooted highest ranking officials are still afraid to broach the subject publicly. This silence is especially regrettable and unfortunate as it is easy to imagine the huge impact that a political discussion of the topic could have in such a country. But aside from a few more or less sensational campaigns, no government official has yet dared to publicly mention the reality of the epidemic and the anti-AIDS weapons that must be marshalled, both individually and collectively.

#### **Meager Balance**

Nonetheless Zaire, more than most other black African countries faced with this unprecedented epidemic, is beginning to point the way. It is doing so thanks to the remarkable work of Professor Peter Piot and his colleagues at the Anvers Institute of Tropical Medicine, relayed in country by courageous Zairian physicians. Their work is particularly interesting in that it does not conceive of AIDS as a disease apart, but sees its prevention through condoms as an integral part of the battle against all sexually transmitted diseases, so common on the African continent.

Can such a "Zairian model" be exported? At bottom, that is what is at stake in the Kinshasa experiment. If, as we hope, the group that designed and developed this project manages to demonstrate its effectiveness in the short term, the health and political authorities of African countries may finally agree to amplify their action to combat dissemination of the virus in those groups—prostitutes, truck drivers, and people with multiple sexual partners—which are most at risk, but also most likely to be infected and therefore infectious.

Can France, like most industrialized countries, vaunt itself as an example in this area? It is not likely. Except for a few televised campaigns urging the use of condoms, the balance of concrete initiatives directed at children and adolescents is still, whatever anyone says, meager. Looking at available epidemiological data—France is said to have fewer than 200,000 seropositive individuals (*LE MONDE*, 22 September)—the argument could undoubtedly be made that the epidemic is not as serious as it is in black Africa. It is nonetheless highly regrettable that, faced with the dramatic reality of AIDS, the

nation's educational system has not yet seen the urgency of communicating to the youngest the sometimes mortal risks of human sexuality.

## ZIMBABWE

### Health Workers Asked To Set Example

91WE0109A Harare THE HERALD in English  
16 Oct 90 p 1

[Excerpt] Between 350,000 and 400,000 Zimbabweans are believed to be infected with HIV, the AIDS virus, and all of them will be dead by the year 2000, the minister of health, Dr Timothy Stamps, warned yesterday.

Speaking at the graduation of environmental health technicians at Murewa Public Service Training Centre, Dr Stamps said the scrouge of AIDS had to be faced, but since there was no vaccine or effective treatment, prevention was paramount.

He appealed to the health technicians to lead by example in their fight against the disease. "I expect you all, not only by your preaching, but also by your personal practice and lifestyles to be shining examples of the essential need to stick to one partner, mutually, faithfully, for life."

### Practice

Dr Stamps said there was need for a cultural revolution in attitudes and practice with regard to sexual activity. He feared that those who already had the virus would transmit it to others through "promiscuous selfish behaviour."

"This is the fastest growing threat to our children, and to our hard-won independence and peaceful development in the country God has blessed us with," he said.

He urged the graduates to persevere on whatever project they established, and he called for the involvement of local communities in environmental health schemes.

The minister was impressed by the health technicians' achievements in providing safe water supplies and a good sanitation programme. By the end of last year more than 70 percent of the people had access to safe drinking water while more than 20 percent had Blair toilets. [passage omitted]

### Ministry Requires Statistical Information on AIDS

91WE0109C Harare THE HERALD in English  
30 Oct 90 p 1

[Text] Medical practitioners will be required as from the beginning of December to submit all statistical information on AIDS, the minister of health, Dr Timothy Stamps, said yesterday.

Addressing more than 20 doctors of the College of Primary Care Physicians of Zimbabwe in Harare, Dr Stamps said the "confidentiality" relationships that bound doctors to their patients worried a lot of practitioners when it came to AIDS.

"I intend, therefore, to make AIDS notifiable in terms of the Health Act, in which case the patients name, date of birth, sex, marital status, permanent address, district and hospital of treatment will be required to be notified to the administrators of health and to local authorities."

He said the provision would eliminate the doctor's "dialectical liability" in the event of a patient saying a doctor had no right to tell anybody else about the patient's condition.

### Alarming

Giving an update of the number of AIDS cases in Zimbabwe so far, Dr Stamps said a total of 5,086 cases had been reported at the beginning of the 3rd quarter of the year. The figures included those which had been reported since 1987 when the AIDS awareness campaign was launched.

However, the figure was alarming considering it was 1,952 more again that recorded for the 2d quarter and 3,454 more than the figures reported at the end of the 1st quarter, said Dr Stamps.

Since 1985, the Blood Transfusion Service had reported that a total of 388,286 blood donors tested positive for the HIV virus. Projections indicated that these people would die of AIDS within the next 5 or 10 years.

A disturbing phenomena which had surfaced as a result of AIDS tests carried out on donated blood was the alarming high proportion of schoolchildren testing HIV positive. Many of these were between the age groups of 14 and 21.

### Confidentiality

He said some doctors were concerned they could not give proper notifications of AIDS cases they handled because of the confidentiality required and the difficulty involved in making a correct diagnosis.

Dr Stamps criticised some staff members at mortality units housing AIDS patients who he said dressed with double gloves like spacemen to prevent being infected by the AIDS virus.

"We have to change such attitudes. There is no such factor as a risk-free career or life. The aim is to minimise the risk and not to be so apprehensive as to give further burden to patients or give them additional fears."

Importation of essential drugs by doctors and pharmacists under the open general import licence which was due to go into effect on Monday as part of the trade liberalisation programme has been deferred, Dr Stamps, announced later yesterday.

**Options**

"The implementation of the new regulations is being deferred pending the conclusion of consultations that are now taking place," Dr Stamps said at a Press conference in Harare. However, the drugs will still be obtainable through the old system.

The consultations were being held to tighten up abuses in the importation of drugs. Such abuses included the importation of unregistered drugs, some of which were much more expensive than locally available options.

Dr Stamps also said the imposition of contraceptives on women for any reason was a contravention of humanitarian principles and warned that it was a possible criminal offence.

He said that even HIV-positive or mentally ill women should not be forced to take contraceptive pills.

**17,500 AIDS Cases Expected by Year's End**

*91WE0109B Harare THE HERALD in English  
31 Oct 90 p 1*

[Text] Zimbabwe will have 17,500 cases of full blown AIDS by the end of the year, the minister of health, Dr Timothy Stamps, yesterday told the Mashonaland Chamber of Commerce.

He said in the last 4 months, 11,461 tests had been conducted in the country and 43 percent of these tested

negative, 19.4 full-blown and 30 percent had shown HIV positive, including AIDS-related diseases like tuberculosis.

"One interesting observation is that the country's north-eastern and eastern border areas stand out as most severely affected areas," said Dr Stamps, at the chamber's general meeting.

He said a "great challenge" lay ahead in view of such economic changes like the structural adjustment programmes to ensure that there was a minimisation of effects of the transmission of the global scourge.

Dr Stamps said it was important that the government, the private sector and all concerned be involved in meeting this challenge.

**Government Begins One Week Campaign Against AIDS**

*MB2611071090 Johannesburg Domestic Service  
in English 0500 GMT 26 Nov 90*

[Text] The Zimbabwean Government has begun a one week national campaign against AIDS.

Speaking on Zimbabwean television President Robert Mugabe said the disease was seriously threatening Zimbabwe's future. Mr. Mugabe said 25 percent of the AIDS cases in Zimbabwe involved children younger than five and that most of the remaining cases concern people aged between 20 and 40.

The Zimbabwean National AIDS Council has estimated that half a million Zimbabweans are carrying the AIDS virus.

**Public Health Minister Wants Global System Against AIDS**

HK0612123090 Beijing GUANGMING RIBAO  
in Chinese 9 Nov 90 p 1

[Report by Fan You (5400 0642): "Public Health Minister Chen Minzhang Calls

[Text] The Sino-U.S. Symposium on Measures Against AIDS opened this afternoon in Beijing. Chen Minzhang, China's public health minister appealed at the meeting: Adopt region- and nation-transcending joint measures, and establish a global prevention system and network to effectively check the spread of AIDS.

According to an estimate by the World Health Organization [WHO], at present, some 8 million people in the world have been exposed to the HIV virus; 700,000 people have AIDS; and AIDS prevention has become a problem which concerns the whole world.

In the early 1980's, the HIV virus was transmitted to our country. Our country's health departments started monitoring AIDS in 1985. Up to the end of this September, the country had tested more than 300,000 blood samples from the targeted population, and discovered 446 cases with a positive response, among which 68 were from people abroad, 378 were mainland residents; five of them were diagnosed AIDS patients, and among these five people three contracted the virus from abroad, two from the mainland.

In the area of research on AIDS prevention, our country's health workers have engaged in a series of tasks over the past few years. At present, we have established a reliable laboratory for serological research; we have isolated an HIV virus from a foreign tourist who was an AIDS patient traveling in China, and used it to test the presence of an antigen; there are five units which have established P3-level laboratories, to develop research on the etiology of AIDS and on molecular biology; we have also explored Chinese medicine and qigong for treatment of AIDS.

Under the conditions that neither medicine for effective treatment of AIDS nor special preventive means are available, our country has extensively developed propaganda and education on AIDS prevention, to help the masses to understand its danger, grasp preventive knowledge, and do the work in self-protection well.

**Active Steps Taken on AIDS Prevention**

91WE0094B Beijing CHINA DAILY in English  
9 Nov 90 p 1

[Article by Huang Zhiling]

[Text] With the growth of international contacts, AIDS has been transmitted into China and will probably spread, an international symposium was told yesterday in Beijing.

This situation has caused increasing concern in both medical circles and the Chinese Government, said health officials at the opening session of the Sino-American Symposium on Management of HIV Disease, which started yesterday afternoon and ends today.

According to Chen Minzhang Chinese Minister of Public Health, HIV blood serum tests were done on 300,000 people who were regarded as high risk in this country from 1985 to the end of September this year.

Of these, 446 mainland Chinese were found to be HIV carriers. Five of them were AIDS patients, three of whom were foreigners and one each from Beijing and Southwest China's Yunnan Province.

Of the 446 HIV carriers, 68 were foreigners and 378 were mainland Chinese.

In China, the HIV virus is mainly contracted through blood or sexual contact. No case of mother-child infection has yet been found, said He Jiesheng, President of China's National Committee of AIDS Prevention and Control.

He revealed that in the last few years the number of drug-users has increased rapidly in some parts of China, especially in the border regions in the southwest. Apart from the traditional way of taking drugs orally, drug users have recently been found to take drugs by intravenous injection.

He said that these drug users represent the high risk population for contracting the HIV virus.

He also revealed that venereal diseases could increase the risk of contracting the HIV virus. So venereal disease is also an indication of the spread of the HIV virus.

According to Dai Zhicheng, Vice-President of National Committee of AIDS Prevention and Control, the government has listed AIDS as a major infectious disease.

Up to now, almost all Chinese provinces have set up AIDS monitoring stations. Three laboratories to diagnose the HIV virus have been set up by the Ministry of Public Health, Dai said.

The laboratories have already made it clear that HIV was first transmitted into China in the early 1980s and is spreading quickly in some regions.

According to Dai, there has been close cooperation between China and the World Health Organization (WHO) in the prevention of AIDS.

In 1988, WHO allocated over \$300,000 to China for AIDS prevention purposes. It has also sent experts to give lectures in China on the subject and has invited many Chinese experts to attend international conferences on AIDS and to take part in technical training and to conduct investigations abroad.

The symposium is sponsored by the Chinese Medical Association and the People to People International Citizen Ambassador Programme of the United States.

### **Scientists Develop New Type of Artificial Blood**

*OW2711181390 Beijing XINHUA in English  
1532 GMT 27 Nov 90*

[Text] Chinese scientists have developed a new type of artificial blood, the "CHINESE SCIENCE NEWS" reported today.

The new fluoro-carbon artificial blood was developed by scientists at the Shanghai Institute of Organic Chemistry, under the Chinese Academy of Sciences.

The scientists have made progress in the synthesis and emulsification of the blood, analysis of its effects and its toxicology.

The blood has proved successful in experiments with animals, and will soon be put into clinical use.

According to the scientists, the blood will be free of serum contamination such as the AIDS virus.

The scientists have begun to conduct experiments for the clinical use of the blood and expect to produce it within the next few years.

### **Health Officials on Measures To Control AIDS Spread**

*OW0312114290 Beijing Television Service in Mandarin  
1243 GMT 29 Nov 90*

[Editorial Report] Beijing Television Service in Mandarin at 1243 GMT on 29 November carries a 20-minute program "AIDS—Its Trend To Spread Wide and Prevention." The program opens with a shot showing a female reporter entering the gate of the Ministry of Public Health office, while the narration states: "AIDS was introduced into our country in the early 1980's. In recent years, the disease has become widespread to a relatively serious extent, and has become a severe epidemic in certain localities. With regard to this, we interviewed Public Health Minister Chen Minzhang." Shots are then shown of his interview with the female reporter.

When asked about the spread of AIDS in China, Chen Minzhang said: "Since 1985, when the first AIDS case was discovered in our country, and up to the present, we have received reports on 446 cases of the disease. Of these, five patients are showing symptoms. Two of the patients are citizens of our country, while the other three are from abroad. In the past, AIDS patients mainly came from abroad, and very few were local people, that is, our own people. But the situation has changed since last year. Among the 446 cases, only 68 are from the outside, while the remaining 378 cases are local people. This deserves our great attention. Moreover, 368 of the 378

cases have been found in certain remote areas in Yunnan. Though the geographic scope is limited, the influence of the disease is considerable. To prevent its spread, we have taken a series of measures. In the cases found in Yunnan, the principal channel of infection is the intravenous injection of narcotics. As a matter of fact, the transmission of the disease in our country is through sexual contact, blood transfusions, and intravenous injection of narcotics. This information should be used in educating people on how to prevent the disease. They should be made aware that AIDS may be transmitted through these channels."

Then, with video illustrations, the narration explains how the AIDS virus is transmitted from one person to another, stating what are and what are not possible channels of its spread.

The next sequence of shots show the same reporter's interview with Dai Zhicheng, director of the Department of Health and Epidemic Prevention under the Ministry of Public Health.

In response to the reporter's question about China's AIDS research work and measures taken to monitor the disease, Dai Zhicheng said: "All provinces, municipalities, and autonomous regions in our country have started AIDS monitoring work. The Ministry of Public Health has set up three laboratories to test AIDS cases and give final diagnoses. These three laboratories are the Virological Laboratory of the Chinese Academy of Preventive Medicine, the Shanghai Municipal Health and Epidemic Prevention Station, and the laboratory in the Military Medical Science Academy. Thus, an initial AIDS monitoring system has been established in our country. In the first place, we have a reliable serological method for AIDS diagnosis. Secondly, we have separated the virus from clinical AIDS cases. The virus can be used as an antigen for diagnosing the disease. In addition, we have made progress in using herbal medicines to treat AIDS."

Asked about the control measures the government has introduced for AIDS carriers, Dai Zhicheng said: "They should avoid abnormal sexual activities. In normal sexual intercourse, it is necessary to use condoms. They also should be prohibited from giving and receiving blood. This will prevent the transmission of the disease through blood and sexual contacts. This is the first measure. The second measure is that close medical observation will be kept on positive AIDS carriers. These carriers often become patients after a period in which the disease has been latent. It is imperative to observe them closely so as to discover symptoms as early as possible and isolate them according to the Law on Contagious Diseases. This will prevent the spread of the disease in our society."

With regard to comprehensive efforts made to control the disease, Dai Zhicheng said: "Like other venereal diseases, AIDS is closely related to social activities. In Western countries, AIDS is a disease that is very hard to control. In our country, because of the superiority of our

socialist system, we can take comprehensive measures to control it. For example, an antipornography drive is being developed throughout the entire society. I believe that this is an effective measure for eliminating AIDS and other venereal diseases. It is imperative to firmly ban such unhealthy or criminal acts as prostitution, visiting prostitutes, and using drugs. Also, it is necessary to enact legislation to ban them. This is the radical way to eliminate the soil for growing AIDS. Finally, I wish to take this opportunity to call on the public in society and all public health and medical workers to properly and scientifically deal with AIDS patients and positive AIDS carriers. They should not discriminate against and forsake these people, but should exercise revolutionary humanism. As seriously harmful as this disease is, AIDS can be prevented from a scientific viewpoint."

The program ends with a shot of the reporter at the entrance of the Ministry of Public Health office. She calls for strengthening propaganda and education in an effort to prevent the spread of AIDS.

#### **Beijing Holds Forum Marking AIDS Awareness Day**

HK0612122390 Beijing RENMIN RIBAO in Chinese  
30 Nov 90 p 3

[Report by Ai Xiao (5337 4562): "Beijing Medical Circles Hold Forum on 'AIDS Awareness Day'"]

[Text] A forum on AIDS prevention in China was held today in the Great Hall of the People. It was attended by medical specialists and presided over by Dr. Qian Xinzhang, member of the Central Advisory Committee and chairman of a world sexual disease and AIDS fund. The specialists reached a common conclusion: Under the conditions that effective treatment and vaccines are not yet available, propaganda and education aimed at popularizing knowledge of disease prevention and eliminating panic, should be put on a priority position.

The 1st of December is "AIDS Awareness Day." This year, the topic for AIDS Awareness Day is "Women and AIDS." According to a World Health Organization [WHO] report, since man recognized and diagnosed the first AIDS case in 1981, up to 31 October this year, more than 298,000 people in 157 countries or districts have

suffered from AIDS. Up to now, at least 8 million people in the world have been exposed to the HIV virus, and one-third of them are women; what is more unfortunate is that it has been clinically proved that about 50 percent of their babies will contract the virus. Most of these innocent babies will die before the age of five. In its worldwide planning against AIDS, WHO has made it clear that it will seek cooperation with women's organizations, help prevent AIDS with them, and resolutely support their demand for protecting themselves.

Chen Muhua said in her speech: The problem of "Women and AIDS" involves various quarters of society, and should arouse concern from the public. The All-China Women's Federation is cooperating with public security organs, civil administration departments, and health departments to integrate AIDS prevention with cracking down on drug smuggling, drug addiction, and prostitution.

The specialists pointed out: Other than the transmission channels, such as intravenous drug injection and blood transfusion, the problem of transmission through sexual contact cannot be ignored. In Yunnan Province, two men have been tested positive to the HIV virus; their wives have also tested positive to the virus; and this indicates that sexual contact as a transmission channel has become a reality in our country.

Chen Minzhang said: In the past five years, our country has tested 325,375 blood samples, and found 446 people positive to the virus, among them five were diagnosed AIDS patients. However, we should say that the domain for monitoring is very small and is far from satisfying the monitoring requirement. It is hoped that this work will be supported by various quarters of society. At the same time, whatever is linked to AIDS, such as antidrug campaigns, sexual disease prevention, Hepatitis B prevention and treatment, etc., should be combined for overall consideration, so as to develop topical research and carry out comprehensive rectification.

Dr. Keirn [Ji En 1015 1869], WHO representative in China, also made a speech. A letter from Ji Pengfei was also read at the forum. Well-known scholars and experts such as Fei Xiaotong, Zhu Jiming, and Wang Aixia attended the forum.

**HONG KONG****Center Planned for AIDS Victims**

*91WE0102 Hong Kong SOUTH CHINA MORNING POST in English 21 Sep 90 p 7*

[Article by Helen Signy]

[Text] Hongkong's first support centre for victims of Acquired Immune Deficiency Syndrome (AIDS) is to be established in the territory by World AIDS Day on December 1.

Comfort Care Concern, set up about two years ago to provide support for the terminally ill, is now reaching out to AIDS victims due to a lack of support for patients in Hongkong.

The chairman, Mrs Jane Tedbury, said the centre would provide counselling and help for all AIDS patients in Hongkong, which was lacking such services due to the rare occurrence of the disease in the territory.

"Hongkong does not even appear in any of the statistics anywhere for AIDS, but estimates are that there are 1,000 people, and the number of 2,000 has also been bandied around," she said.

"I think it's going to explode, but we are in a very advantageous position to be there when it does explode," she added.

Mrs Tedbury, who has researched AIDS help groups overseas, said the organisers needed a permanent venue in which to set up a support centre.

The organisation is also appealing for funds to establish an office and a functioning day centre for meetings and counsellor training.

She said the centre, which would cater for all AIDS victims, their relatives and friends, would provide a meeting place, support group, hot line, counselling, education and support during the later stages of the illness.

The centre will train its own counsellors, in conjunction with the Government AIDS Counselling and Health Education Unit, in specific skills needed to treat the delicate issue of AIDS, she said.

"They have a desperate need to be able to talk to somebody and not feel it's going to be a judgment in any way.

"The greatest skill in dealing with someone with AIDS is to just listen, hold their hand and accept whatever their lifestyle is, as it's not your business," she said.

**Over 5,000 Residents May Carry AIDS Virus**

*HK0212035490 Hong Kong SUNDAY STANDARD in English 2 Dec 90 p 1*

[Article by Stuart Becker]

[Excerpt] A leading Government expert says 5,000 Hong Kong people may have the virus that causes AIDS, more than 33 times the official estimated of 149.

Dr Patrick Li, of the AIDS Counselling and Health Education Service at the Queen Elizabeth Hospital, said this was a conservative estimate of how many people might test positive for the Human Immuno-deficiency Virus (HIV) which causes AIDS.

This was a more realistic figure than the official one, according to which there are 149 "officially" diagnosed HIV carriers and 43 with the full-blown AIDS disease, he said.

Another AIDS expert, Dr Vincent Lam, predicted that the number of HIV carriers would increase five-fold to 25,000 by 1995. This was also conservative.

"Assuming that AIDS in Hong Kong follows a similar course to that of countries where it has been prevalent since 1981, we can expect to see a substantial increase in HIV-infected people, both male and female, adults and children, over the next three to five years, with most of these going on to develop full-blown AIDS in that time span.

"This will mean that these carriers, their families and friends, literally tens of thousands of individuals, will have to come to terms with AIDS."

If Hong Kong does not wake up to the problem, AIDS will take the territory by surprise, according to a group of volunteers, the Comfort Care Concern project.

The disease is spreading much faster among heterosexual women than previously thought, according to Lam, vice president of Comfort Care Concern.

The group used World AIDS Day yesterday to launch a helpline, enabling Chinese and English speakers to make confidential calls about AIDS. [passage omitted]

**SOUTH KOREA****Number of Seoul AIDS Sufferers Reaches 31**

*SK0412020890 Seoul THE KOREA HERALD in English 4 Dec 90 p 3*

[Text] The number of Seoul citizens infected with the AIDS virus totaled 31 as of the end of October this year, compared to last year's 15, according to the Seoul City government yesterday.

The first AIDS virus carrier was reported in Seoul in 1986. Since then the number of the carriers has been on the rise.

Of those infected with the deadly disease, four died and three others moved to other cities.

A total of 108 people infected with the virus are now under medical care of health authorities throughout the country.

## TAIWAN

### AIDS 'Increasingly Menacing'; Legislature Passes Statute

OW0112032890 Taipei CNA in English 0257 GMT  
1 Dec 90

[Text] The statute for the control of the Acquired Immune Deficiency Syndrome (AIDS) passed its third reading at the Legislative Yuan Friday.

The statute will take effect after it has been promulgated by President Li Teng-hui.

The statute stipulates that those who knowingly pass along the AIDS virus and infect others could be sentenced to up to seven years in jail.

Foreigners staying here for more than three months, under the statute, shall be forced to leave the country if they refuse to take blood tests or if their blood tests positive.

The National Health Administration hailed the Legislative Yuan's action in passing the statute as the disease has grown increasingly menacing to the general populace.

More than 150 AIDS virus carriers have been identified in Taiwan since the first case was reported in October 1984.

For fiscal 1991, beginning July 1, 1990, public health authorities have appropriated 60 million new Taiwan dollars (some 2.2 million US dollars) for tests and education.

## THAILAND

### Survey Shows 4,000 Prostitutes Carry AIDS Virus

BK1611025390 Bangkok THE NATION in English  
16 Nov 90 p A2

[Text] A Public Health Ministry survey showed that 4,000 prostitutes are carrying the AIDS virus and continue to have sex with customers. Each prostitute, estimated to have four customer men per night, is expected to infect one out of ten customers. If the trend continues, about 1,600 men are likely to be infected with the AIDS virus each night, said Deputy Public Health Minister

Suthat Ngoenmun. He added that his ministry will launch a campaign to discourage customers from visiting prostitutes.

### 200 Test Positive for AIDS Virus in Northern Province

BK1611025590 Bangkok THE NATION in English  
16 Nov 90 p A5

[Article by Khamphon Khotsema]

[Text] More than 200 people in Mae Hong Son have been tested positive for AIDS, a situation considered serious, the provincial public health chief official said on Wednesday.

Dr Somphat Khotchasi told THE NATION that 208 people both hilltribes and low-land residents of the northern province had been found to be infected with the Acquired Immune Deficiency Syndrome.

Among the AIDS carriers, 68 of them were prostitutes, 64 of them men who used to frequent brothels and 52 intravenous drug users, Somphat said.

One of them was an eight-month-old boy who contracted the virus from his mother during her pregnancy and died from full-blown AIDS, Somphat said.

The doctor said the infected prostitutes are likely to spread the virus to more men in the neighbouring provinces of Chiang Mai, Chiang Rai, Lampang and Lamphun as well as to tourists. Men then passed on the virus to their families.

Somphat said Mae Hong Son public health officials have found that only 29 of 68 HIV-positive prostitutes remained in the province now.

He said most of the prostitutes in the five northern provinces were likely to be transients, shuttling among the provinces. They are likely to spend about 2-3 months in each province before moving on, he added.

He said most of the women, now working in the sex business in Mae Hong Son, are not natives to the province. Some of them are illegal Shan immigrants from Burma and many of them came from the other four provinces, Somphat said.

He said while the prostitutes are likely to spread AIDS to local residents in the five northern provinces, tourists from other parts of the country can also spread the virus to the women.

To prove that sex business servicing tourists also influenced the spread of the disease in Mae Hong Son, the doctor said 32 of the 68 infected prostitutes were detected by the health officials while they were working in Pai district. The district is a wellknown tourist resort both for domestic and foreign visitors who enjoy trekking in the forest.

Somphat said the public health officials were trying to slow down the spread of the deadly disease by giving free condoms to prostitutes so that they would encourage their customers to use them.

## VIETNAM

### No HIV Seropositive in Four Major Cities

BK0712161190 Hanoi VNA in English 1447 GMT  
7 Dec 90

[Text] None of the 46,124 blood samples taken of high-risk groups in four major cities in Vietnam has proved to be HIV seropositive.

The confirmation was made at the National Workshop on Vietnamese Women and AIDS held in Hanoi on December 1 in response to World AIDS Day.

The workshop, jointly sponsored by the Vietnam Women's Union [VWU] and the World Health Organization (WHO) and UNDP [United Nations Development Program], was attended by Nguyen Thi Dinh, president of the VWU; M. Gonzalez, WHO representative; and David Smith, UNDP resident representative.

The participants stressed the imperative need to coordinate actions by concerned organisations and ministries

for the implementation of a medium-term plan on AIDS prevention and control. The 1991-93 plan, directed by the National AIDS Committee headed by Health Minister Pham Song, will focus on sentinel sero-surveillance on high risk groups, on training of health workers, and on the dissemination of information, education and communication on AIDS.

Both M. Gonzalez and David Smith pledged to coordinate with each other in helping Vietnam carry out the medium-term plan. In the initial execution of the plan, WHO will provide Vietnam with 2 million U.S. dollars.

On November 27, a meeting was held in Hanoi jointly by the Central Committee of the Ho Chi Minh Communist Youth Union and the National AIDS Committee in response to World AIDS Day.

The youth union's plan of action in the prevention and control of AIDS and drug abuse will focus on youths in major cities like Hanoi, Ho Chi Minh City and Haiphong.

Sharing the global concern at the rapid spread of AIDS, the secretariat of the union worked out regulations on AIDS prevention and control. It points out that little is known about AIDS by the population, particularly the youth, the prime target of this deadly disease.

## CZECHOSLOVAKIA

### AIDS—25 Cases in Slovakia, 161 in Czech Lands

AU2911134290 Prague CTK in English 1328 GMT  
27 Nov 90

[Text] Bratislava—So far 25 persons tested positive for the AIDS (acquired immune deficiency syndrome) virus in Slovakia, with three of them falling ill, and ten of them being foreigners, representatives of the Slovak Health Ministry told newsmen here today.

At the press conference, marking World AIDS Day (December 1), health ministry representatives said that the Czech Republic had 161 persons testing positive for AIDS, 58 of them foreigners, and 21 people actually ill.

Ministry representatives said that of the five persons infected this year, two were students from Ethiopia and three were homosexual or bisexual men from Slovakia. Although the situation as regards the occurrence of AIDS is relatively good in Czechoslovakia, compared with other countries, the disease is expected to spread.

### AIDS, Health Situation of Refugees

AU3011105390 Prague PRACE in Czech 27 Nov 90 p 3

[“py”-signed report: “The New Refugee Status Is Becoming a Necessity; AIDS Among the Immigrants”]

[Text] Krasna Lipa—In the refugee camp in Krasna Lipa near Rumburk, three Angolans were discovered to be carriers of the HIV virus causing AIDS. It was to be

expected sooner or later. Of course, it is not a reason for a panic and horror. The fact is that as long as no sexual intercourse with these people occurs, there is no need to paint the situation black.

On the other hand, it is true that last week, upon discharge from the special department of the infectious diseases ward at the regional hospital in Usti nad Labem, two Angolans disappeared from the camp and currently nobody knows of their movements. The idea of placing barbed wire fences around the camp does not offer any tangible solution. At this time, the problem lies in the inadequate refugee status and unsolved legislative problems. The procedural guidelines valid until now refer only to students and workers on long-term assignments. If these people are discovered to be carriers of the virus, they are immediately expelled from the country. Therefore, one must first standardize the approach to such cases among the refugees. As a result, physicians and hygienists are calling for medically well-equipped camps. A letter was sent from a hygiene station in Decin to the office of the Government Commissioner for Refugees. The physicians ask in the letter for an explanation of who acceded to housing the refugees in an inn near Jirikov under conditions which threaten their health and do not correspond to hygienic regulations. According to Law 36, in case of failing to follow these regulations, a fine from 1,000 to 100,000 korunas may be imposed.

A week ago, the refugees moved from the unsuitable inn Zatisti near Jirikov to Krasna Lipa. Today, 227 refugees of 13 nationalities live in the former state-farm educational center. There are Bulgarians, Romanians, Soviets, and also six dozen people with dark complexion. They are all undergoing medical tests.

**COLOMBIA****Health Minister Says AIDS Cases Total 1,942**

*PA1012215090 Bogota Radio Cadena Nacional in Spanish 1200 GMT 2 Dec 90*

[Text] Health Minister Camilo Gonzalez Posso has announced that the government will penalize hospitals refusing to give adequate attention to AIDS victims, with fines of up to the equivalent of 200 times the minimum salary.

The measure was adopted after the Health Ministry revealed that it has detected 1,942 AIDS cases.

The minister said that the most affected areas are Bogota, Antioquia, Valle, Rizalda, Santander, and Caldas.

Minister Gonzalez Posso, saying that the situation is worrisome, stated that 483 persons have died in Colombia as a result of AIDS. He announced that severe measures will be adopted to prevent and deal with this terrible disease.

Gonzalez Posso said that his ministry has detected 1,942 AIDS cases, 928 of which are definitely infected victims and 1,014 of which are carriers of the virus.

**JAMAICA****Health Ministry Estimates Over 3,000 AIDS Infections**

*FL2611154090 Bridgetown CANA in English 1537 GMT 25 Nov 90*

[Text] Kingston—There were 180 reported cases of Acquired Immune Deficiency Syndrome (AIDS) in Jamaica up to the end of October, the national news agency, Jampress, reported. So far, 110 persons here have died of the incurable disease.

Jampress quoted Gene Grohall, a United Peace Corp volunteer, as saying that based on Ministry of Health estimates, at least 3,000 Jamaicans may be affected with AIDS although not showing any visible symptoms. This, he said, was the nature of the disease which was known to remain dormant for up to five years before showing any signs.

Pointing to the international implications of the disease, the health educator noted that in the United States, 145,000 persons were sick and dying from AIDS, and an estimated two million were infected without any manifested symptoms, Jampress reported.

**PERU****Health Minister Reports 323 Confirmed AIDS Cases**

*PY0712040090 Lima Television Peruana in Spanish 1800 GMT 5 Dec 90*

[Summary] Health Minister Carlos Vidal Layseca announced today that 323 AIDS cases have been confirmed in our country. He added that about 30,000 people throughout the country could have this disease.

**ST. CHRISTOPHER & NEVIS****Government Unveils Anti-AIDS Action Plan**

*FL031214/590 Bridgetown CANA in English 1944 GMT 2 Dec 90*

[Text] Basseterre, St. Kitts—St. Kitts-Nevis has put together an action plan for combatting the dreaded disease AIDS with the help of the World Health Organization (WHO), the Pan American Health Organization (PAHO), and the Caribbean Epidemiology Centre (Carec).

Health Minister Constance Mitchum, speaking in a national broadcast to mark the observance of World AIDS Day on Saturday, said the emphasis of the programme was on increasing public awareness about the disease. Knowledge was the only effective means currently available to combat the disease, said Mitchum. The plan of action includes talks with schoolchildren, lectures to various community groups and organizations, counselling workshops, and the use of popular theatre.

"Everyone should therefore participate in obtaining proper knowledge on the subject and pass it on to those who do not know," Mitcham said.

No figures have been forthcoming from the authorities concerning the extent of AIDS in this twin-island Caribbean state, including the number of deaths. Mitchum however urged citizens to be supportive and sympathetic towards AIDS victims.

Government, she added, was doing its part by providing free medical care. As part of efforts to combat the spread of the disease, the government has also initiated a condom distribution programme. Mitchum said the country, with the help of the National Bank Group of Companies, had acquired an AIDS testing machine for use at the main Joseph N. France Hospital.

**Health Officials Report 30 Diagnosed AIDS Cases**

*FL0312145090 Bridgetown CANA in English 1351 GMT 3 Dec 90*

[Text] Basseterre, St. Kitts—St. Kitts-Nevis health authorities have reported 30 diagnosed AIDS cases to

date, including 19 deaths from the fatal disease which kills by destroying the body's immune system.

Chief medical officer Dr. Franklyn Lloyd, speaking on Saturday during activities marking World AIDS Day, said sexual intercourse was the mode of transmission in each case. The 30 cases exclude persons who are asymptomatic and non-nationals who were diagnosed here. Dr. Lloyd said one teenager was among the victims. The others were adults.

He said the spread of the disease here showed "a preponderance of male homosexuals, male heterosexuals, and male bisexuals." Besides sexual intercourse, AIDS can also be transmitted through intravenous drug use. Dr. Lloyd said there was no known cases of transmission via this route here so far.

## ST. LUCIA

### Doctors Ask Media for Sensitivity in AIDS Reporting

FL2711204090 Bridgetown CANA in English  
1705 GMT 27 Nov 90

[Text] Castries—Doctors have called on the media in St. Lucia to be sensitive in reporting on AIDS cases. Dr. Michel Ooms and Dr. Stephen King made the recommendation at a one-day workshop which also suggested the St. Lucia government enact legislation, making it mandatory that AIDS be treated as a notifiable disease.

The workshop organised by the St. Lucia Media Workers Association and the Ministry of Health, was told on Tuesday that of 9,000 persons tested here for the disease, only 48 were positive. So far, 26 persons have died from the disease, which kills by destroying the body's immune system.

"The number of real cases and deaths could very well be much more, since our projections are that we are just dealing with the tip of the iceberg," Dr. Ooms, co-ordinator of the Ministry of Health's AIDS programme, said. She reported there was increasing evidence that "the disease is being spread here through perinatal (associated with birth) means," adding: "this is a cause for concern."

Dr. Ooms urged the media practitioners to be sensitive in their reporting on the disease, saying sensationalism could drive AIDS patients underground. Head of the AIDS laboratory, Dr. King, said the media should ensure that information about individuals with the disease was given "only with their consent."

"Confidentiality in such cases is important to ensure information about the individuals is only released with their consent," he said. This was a reference to a recent controversy here surrounding the death of a four-year-old child said to have had AIDS.

King said that it was important for the St. Lucia Government to enact legislation making AIDS a notifiable disease, since the official records here were confined to persons who visited hospitals or clinics. "There is a need to have private doctors report AIDS cases to the hospital's lab so that they could be included in the national statistics," he remarked.

King said that none of the drugs being used for the treatment of AIDS could be found here, but indicated that St. Lucia health officials were looking at the possibility of joining Barbados in acquiring the Kenyan-developed drug, Kemron.

"... Lucia may have to share the information on it with Barbados and we may have to look at the possibility of joining Barbados in its use if it proves effective and is affordable," he said.

Head of the Barbados AIDS task force, Professor Mickey Waldron, said recently that he would be writing regional governments about the possibility of using the drug in the treatment of AIDS.

## ST. VINCENT & THE GRENADINES

### AIDS Cases Statistics Reported

FL2411165690 Bridgetown CANA in English  
1536 GMT 24 Nov 90

[Text] Kingstown, St Vincent—Known AIDS cases in St Vincent and the Grenadines currently stand at 57, according to Dr. Paul Forgathy, chairman of the AIDS committee of the main Kingstown general hospital here.

Dr. Forgathy made the rare disclosure of local AIDS statistics at a public discussion on the disease, held by the local AIDS action committee on Thursday evening. He said the disease was first diagnosed here in 1984, but two-thirds of the 57 cases had been diagnosed between 1988 and October this year.

Dr. Forgathy said 24 persons who had tested positive, had gone on to become full blown cases and nineteen of them had died. He said most of the infected persons here had been exclusively heterosexual, with only seven males admitting to homosexuality. Most of the cases, 75 percent to be precise, fell within the 20-39 age group. The figure also includes two infants born to infected mothers, and one 61 year old person.

The local AIDS action committee has embarked on an education programme on the causes of the disease and ways of dealing with infected persons.

## ALGERIA

**Minister of Health Reports 57 AIDS Cases**

*91WE0091A Algiers EL MOUDJAHID in French  
17 Oct 90 p 19*

[Text] Health Minister Hamid Sidi Said presided over a meeting of the national committee against AIDS held at the National Public Health Institute in Algiers on Sunday. This committee was set up to study the short-and medium-term activities of the program and the difficulties encountered by the committee in implementing its plan to fight HIV infection.

Since it was set up in July 1989, the national committee has been divided into specialized subcommittees that have worked with the resources available to implement a short-term program covering the following: epidemiology; facilities, including the designation of seven rest centers for AIDS patients in the four largest cities in Algeria; reinforcement of blood control capabilities; and, medical information and training programs, in addition to a public information campaign.

To date, according to statements from Professor Bouguermouh, chairman of the committee, 57 cases of AIDS have been recorded by the specialized services.

Once the short-term program has been implemented, the committee intends to begin, probably in January 1991, another medium-term work plan that will consolidate the initial activities and promote public information campaigns, total control of blood transfusion centers, and a cooperative program with Maghreb and European countries to step up the campaign against AIDS. For the time being, the committee reports that the laboratories have control over 60 percent of transfused blood. As for constraints, the committee would draw attention to the risk of a shortage of re-agents and nondurable goods, such as disposable syringes and gloves.

In his statement, Sidi Said congratulated the members of the committee on the work accomplished but, he added, Algeria's geographical location makes it essential for us to be more vigilant in our efforts to control this dreadful disease.

Since prevention is the only effective weapon, the minister invited the members of the committee to turn their attention specifically to the public to try to get them involved in the effort. He stressed the fact that it is high time to tear down the taboos surrounding this disease and to get the public to adopt preventive rules of conduct.

In the area of strengthening efforts to control blood and protect personnel involved in treating this disease, the minister stated that the central services were doing everything possible to guarantee a supply of re-agents and nondurable products.

## INDIA

**AIDS Continues Spreading Among Manipur Addicts**

*91WD0139 Calcutta THE STATESMAN in English  
4 Oct 90 p 3*

[Text] The acquired immuno-deficiency syndrome menace in Manipur continues to wreak havoc among a sizeable section of drug addicts and the total number of HIV positive cases detected so far is more than 900. Dr S. Pal, Director of the National Institute of Cholera and Enteric Diseases (NICED), Calcutta, said on Wednesday that the Government had sanctioned a project proposed by the NICED that would allow the institute's researchers to conduct a detailed study on the AIDS phenomenon.

The NICED, under the project, will undertake an extensive epidemiological survey and concentrate on the unique features of the disease in the North-East. While elsewhere in the country the spread of AIDS can be attributed mainly to heterosexual behaviour, in Manipur and its adjoining States, the killer virus has been transmitted mostly through intravenous injections adhered to by drug addicts.

A workshop on AIDS scheduled to be held in Imphal between 8 and 10 October had to be postponed because of the violence in Delhi. It will not be possible under the prevailing circumstances for Central officials to attend the workshop. The NICED will, however, present its findings on the AIDS situation in Manipur at an international conference on AIDS, scheduled for December in Bombay.

What cause of concern is the ignorance about the real extent of the problem in Nagaland and Mizoram. The NICED authorities have been able to examine only a few cases from Nagaland but none from Mizoram. The tests conducted with samples received from Kohima showed that more than 50 percent of the drug addicts were affected. The percentage of drug addicts affected in neighbouring Manipur is estimated to be around 54. Heroin from Burma reaches not only Manipur but also Mizoram and Nagaland.

Since Mizoram is also suspected to have been hit by a similar AIDS outbreak, the NICED authorities will send a team of investigators to Aizawl soon. The team is expected to leave for the north-eastern State later in October. The Mizoram Government's Directorate of Health Services had recently sent an epidemiologist to the NICED laboratory in Calcutta to be trained in chemical detection of the AIDS antibody.

The epidemiological study which the NICED would conduct in Imphal as well as Kohima and Aizawl includes a survey of the social and economic causes that had contributed to the spread of the killer disease.

**Spread of AIDS Follows African Pattern**

91WD0202 Bombay THE TIMES OF INDIA  
in English 29 Oct 90 p 7

[Text] New Delhi (PTI)—A leading immunologist has warned that the spread of AIDS infection in India is showing striking parallels to the pattern in some African countries devastated by AIDS.

"We're now most concerned about India because it seems it has the greatest potential here to get out of control," Dr John Dwyer, professor of medicine at the university of New South Wales in Australia said.

In an interview to PTI yesterday, Dr Dwyer who chairs the AIDS society for Asia and Pacific, said a major assault will be required to combat the spread of HIV, the AIDS virus, which has already infected 250,000 in India.

Earlier this year the World Health Organisation informed the Indian Council of Medical Research that over 60,000 AIDS patients in India will require hospitalisation over the next five years.

Dr Dwyer said that the AIDS society for Asia and Pacific would ask the Australian and Japanese governments to fund the surveillance programme in India which is expected to cost over \$3 million over the next year.

But it is not feasible to have mass testing programmes in a country of this size Dr Dwyer said.

WHO experts had informed the ICMR that at the current rate of spread of the disease in India, by 1995 every third pregnant housewife in Bombay is likely to be found infected with the AIDS virus.

**ISRAEL**

**Statistics on AIDS Carriers, Victims Given**

TA0212094590 Jerusalem THE JERUSALEM POST  
in English 2 Dec 90 p 2

[Report by science and health reporter Judy Siegel]

[Excerpt] [passage omitted] World AIDS Day, held around the world yesterday, is being marked today in Israel.

The Health Ministry says that 537 AIDS carriers have been reported here since 1986; 129 Israelis have developed the full-blown disease in the past decade, and 79 of them have died. Unless a cure is found, the carriers will eventually develop full-blown AIDS themselves. Twenty-five others have been diagnosed with only some of the symptoms, and two of these have died.

Although the number of reported carriers has declined substantially since 1986, experts believe that this is due to decreased public awareness which resulted in a drop in the number of people who go for the voluntary, free blood tests available at seven public hospitals.

The Israeli AIDS victims include seven women, four of whom have died, and four infants who were infected at birth or from breast-feeding. According to ministry statistics, 29.4 percent of the carriers are homosexuals and bisexuals; 20.9 percent drug abusers; 20.9 percent hemophiliacs (the possibility of the AIDS virus being present in the clotting factor they receive has now been eliminated); and 4.7 percent heterosexuals. [passage omitted]

**SRI LANKA**

**XINHUA Told 28 AIDS Cases Detected**

OW0112114990 Beijing XINHUA in English  
1126 GMT 1 Dec 90

[Text] Colombo—Sri Lankan health authorities have so far detected 28 AIDS cases in the island country, the last one only a few days ago, bringing the figure for this year to seven.

Sri Lanka Red Cross Society (SLRCS) national coordinator K.D.C. Perera made the disclosure to XINHUA this morning. He said that of the 28 AIDS cases tested positives so far, seven are Sri Lankans and the others are foreigners.

He said there are nearly 600 HIV-infected persons in Sri Lanka moving freely in the community. They will increase by leaps and bounds in the next two to three years. A Buddhist country as Sri Lanka did not take the problems seriously in the past few years, he noted.

Stressing that the AIDS infection multiplies in logarithmic proportions, Perera said that the SLRCS' planned program on AIDS aims mainly to educate a socially accepted and communications-wise dynamic segment of the population, so that they will be able to influence a vast majority of the people towards safe sex behavior, which is the ultimate solution for AIDS.

**Two AIDS Cases in Armenia**

*NC2711142690 Yerevan International Service  
in Armenian 1630 GMT 25 Nov 90*

[Text] Proceeding from the decision to implement the USSR law on the prevention of AIDS, the Armenian Republic's Council of Ministers has passed a decision on measures for the social protection of AIDS victims.

The decision stipulates that a state pension is to be granted to those victims aged 16 or below. The pension will be set at the lowest wage level. Privileges will also be accorded to one of the parents looking after such young victims.

An ARMENPRES correspondent asked Mayrapetyan, Armenia's deputy health minister, if AIDS poses a real danger in Armenia.

Mayrapetyan replied: I can assure you that no such danger exists. So far only two carriers have been found in Armenia. One of them was a foreign student and the other was a citizen of ours who had served in Africa. Neither of them exhibits the clinical symptoms of the disease. We have carried out 600,000 blood tests over the last three years and no trace of the disease was found. Therefore, in practice this tragic disease does not exist in our republic. Nevertheless, the government's decision is an important undertaking and aims at preventing the disease and—God forbid—at ensuring the social protection of the afflicted in the event of an occurrence.

**International AIDS Seminar Ends in Alma-Ata**

*LD3011131790 Moscow TASS in English 1259 GMT  
30 Nov 90*

[Article by correspondent Olga Petrushel]

[Text] Alma-Ata—An international seminar on the activity of nursing staff in the prevention and combating of HIV-AIDS has ended in the capital of Kazakhstan.

Specialists from the World Health Organisation (WHO) and the WHO European Regional Bureau held the

seminar in Moscow, for nearby regions, and in Alma-Ata, for Central Asian republics, Kazakhstan and Transcaucasia.

"We have arrived at a pessimistic conclusion: Children in the Soviet Union become infected with the AIDS virus more often than adults," Elizabeth Stussi, staff member of the WHO European Regional Bureau, told TASS.

"This happens because the country's hospitals are poorly provided with the necessary instruments. There is a lack of the most elementary thing—disposable syringes—and medical personnel are not aware of the danger of the disease that has been recorded already in 150 countries.

"Forty-eight AIDS patients and about 600 people infected with the AIDS virus, including 270 children, have been registered in the Soviet Union.

"Medical forecasts are that if people strictly follow the rules of fighting the disease, there will be about 700,000 HIV-infected people in the Soviet Union by the year 2000. Otherwise, the number will grow far more sharply.

"In one year's time we shall visit the Soviet Union again to analyse work done, and it will become clear then whether medical specialists in the Soviet Union have been able to protect people from the '20th century plague,'" Stussi said.

**Ulan Ude Couple Have AIDS**

*LD0312123490 Moscow TASS in English 1218 GMT  
3 Dec 90*

[By TASS correspondent Sergey Trofimov]

[Text] Buryatiya, a Soviet republic incorporated into Russia, in Eastern Siberia, is the latest region to be hit by the AIDS virus.

A married couple in the republican capital Ulan Ude have been diagnosed as having the acquired Immune Deficiency Syndrome (AIDS). The two contracted it abroad through promiscuity.

"A faulty diagnosis is out of the question," Valeriy Varnaukov, head of the national anti-AIDS centre, told TASS.

"It has been confirmed by repeated blood tests that were screened both in Ulan Ude and Moscow," he said.

## AUSTRIA

### Number of Deaths From AIDS Declining

AU2911095190 Vienna WIENER ZEITUNG  
in German 29 Nov 90 p 7

[Text] While the number of new AIDS cases continues to increase strongly all over the world—about 300,000 cases are registered at the WHO—Austria shows a different trend.

In particular since last year the number of new cases and deaths has declined, the Health Ministry reported on the occasion of World AIDS Day on 1 December.

On the other hand, parallel to the international development, the proportion of women infected with HIV is increasing.

Last year 139 new cases were treated in Austria, 54 people died. This year, however, "only" 108 new AIDS patients were registered by 5 November 1990—this is the relatively "positive" trend. "Only" 26 deaths were reported. In total, there have been 486 cases of AIDS in Austria so far; 248 people died (by 5 November).

It is assumed that about 6,000 to 8,000 people are infected with HIV in Austria. The proportion of the individual groups of persons is clearly shifting toward heterosexual contagion or infection through the use of nonsterile syringes and needles.

Says Dr. Helga Halbich of the Health Ministry: "The majority of HIV infections in women can be traced back to drug addiction or to heterosexual contacts with drug addicts."

## FINLAND

### AIDS Support Centers in Several Cities Close

#### No Guarantees For Funding

91WE0027A Helsinki HELSINGIN SANOMAT  
in Finnish 7 Oct 90 p 8

[Unattributed article: "Lack of Money Will Force the Closing of the AIDS Support Centers on Monday"]

[Text] Support centers for AIDS patients will have to stop functioning on Monday because they have not received guarantees of funding for the remainder of the year. This break in operations will affect support centers in Turku, Tampere, Kuopio, and Oulu, in addition to the one in Helsinki.

The support centers gave notice of their financial difficulties already last spring. At the beginning of September they announced that, unless guarantees of funding for the rest of the year are received by the end of September, their operations will cease.

The total amount of funding for this year is about 2.2 million markkas, but the amount needed to provide full service is between 4 and 5 million markkas, according to Outi Lithen, operations manager of the AIDS support center. There have been negotiations for additional funding with the city of Helsinki and the Health and Social Services Ministry.

"The Health and Social Services Ministry has recommended that money be set aside in the supplementary budget. If funding is granted, we can resume operations, possibly in late October. Our operations would also continue if someone would donate approximately 400,000 markkas. With that kind of money, we could struggle on until the end of the year."

No money can be expected from the city of Helsinki because, a week ago, city manager Raimo Ilaskivi transferred the matter back to the board of health and recommended that the board deal with the matter as one of its own problems.

The primary source of funds for the AIDS support centers has been the Bank Teller Machine Association [BTMA]. In addition to this, the communities in which the centers are located have provided support. The BTMA is not able to give additional funds in the middle of the year, however.

Services offered by the AIDS support center include, in addition to HIV antibody testing and open telephone lines, the opportunity to consult a doctor, psychologist, psychiatrist, social worker, or attorney.

All services are free of charge to the patient. In addition, a person facing a crisis can find a support person for himself, and various therapy groups also offer psychological support.

The closing of the centers on Monday means that all of the functions of the centers will cease. Persons phoning the center will be told about compensatory services offered by society.

The open phone lines of the AIDS support centers handled about 12,000 calls last year, and the number is ever increasing.

#### Ministry Official Comments

91WE0027B Helsinki HELSINGIN SANOMAT  
in Finnish 9 Oct 90 p 5

[Interview with ministry official Arto V. Klemola and AIDS support center operations manager Outi Lithen by correspondent Minna Pantzar; place and date not given: "AIDS Support Center Ran Out of Funds?"]

[Text] At the present time, the AIDS support centers cannot offer their services because they closed their doors on Monday due to the lack of funds. The centers have proved their need because they handle about 12,000 phone calls a year on their open phone lines. Their range of services also included HIV antibody

testing as well as the services of a psychologist, doctor, social worker, and attorney. A sum of about 400,000 markkas was needed to continue operations for the remainder of the year.

**Pantzar:** How is it possible that the support center was allowed to stop functioning, interim office manager of the Health and Social Services Ministry Arto V. Klemola?

**Klemola:** The money to function has been provided by the Bank Teller Machine Association [BTMA]. I do not know why the BTMA did not give more funds to the AIDS support center. We cannot give money directly. The BTMA probably was not able to anticipate the increase in AIDS cases. In my opinion, it should better plan its use of funds in the future so that this does not happen again. The work of the support centers should not be allowed to stop.

**Pantzar:** What does the Health and Social Services Ministry intend to do to maintain the support centers?

**Klemola:** We have presented the Cabinet with an estimate of the needed additional funds. It is our recommendation that the support center be granted approximately as much money as it needs. The final decision on the actual sum rests with the Cabinet and Parliament, however.

**Pantzar:** What will happen to the support center?

**Klemola:** If the Cabinet acts on the matter, I would think the centers could begin working within two weeks. Funds for their operation, however, would not be available until December at the earliest.

**Pantzar:** Does the AIDS support center intend to resume operations if the request for funds remains on the Cabinet agenda, operations manager Outi Lithen?

**Lithen:** Yes. We would struggle on somehow then. The most important thing is knowing that the money is coming.

**Pantzar:** How much money have you requested for next year?

**Lithen:** Five million markkas. That would be enough. We are usually granted less money than we request, however.

**Pantzar:** Does the support center intend to expand operations?

**Lithen:** That depends on the financial situation. We have had a request from Lahti about establishing a support center there. The city has already found facilities for operations, and operating funds have been applied for. Every center must also have two continuously paid workers because there is just too much work for one.

**Pantzar:** The BTMA did not think the AIDS situation was this serious. When the number of AIDS cases increased this year, our funds no longer sufficed to serve everybody.

#### Cuba, Sweden Apply Strict HIV Anticontagion Rules

91WE0014A Helsinki HELSINGIN SANOMAT  
in Finnish 16 Sep 90 p C4

[Article by Susanna Reinboth: "AIDS Destroys Rights"—first paragraph is HELSINGIN SANOMAT introduction]

[Excerpts] The world is protecting itself from the HIV virus with laws, but there are few laws that protect carriers of the disease from discrimination.

AIDS, the immune deficiency disease, is rocking the Western conception of individual rights. Over the past few years, a whole slew of special laws have been passed in different parts of the world that allow carriers of the HIV virus, which causes AIDS, to be isolated from the rest of the society.

In a climate of general panic, Finland represents a moderate approach—so far. It is, however, feared that the way Finland is reacting will change once our AIDS statistics reach the depressing level of those of other Western countries.

"The situation is somewhat the same as with the question of foreigners: As long as there were hardly any foreigners, Finns appeared to be unbiased," Public Health Service director Veijo Raunio drew a comparison.

Human rights expert Katarina Tomashevskiy of the UN health organization, WHO, estimates that AIDS laws were enacted in 51 different countries during the worst years of the panic, from 1985 to 1987. In the United States alone, 360 laws or regulations involving AIDS went into effect.

Most of these laws impose obligations and prohibitions on carriers of the disease. Among them there are also laws the purpose of which is to prevent discrimination against those infected with the virus—that is, those who are HIV-positive, and AIDS patients. It has, however, proved difficult to prevent discrimination because public opinion has been constantly stiffening as the epidemic spreads.

Because of people's fear and suspicion, it has been hard for those who are HIV-positive to keep their jobs and homes, continue to attend school, or obtain treatment for their disease. Those groups of citizens representing the most uncompromising opinions even demand the complete exclusion of individuals infected with HIV from the society. Moral views associated with the disease also add to discrimination against AIDS patients. There is otherwise a tendency for society to discriminate

against minorities belonging to risk groups: homosexual males, prostitutes, and drug users. In the United States, most of those infected with HIV also belong to various ethnic and racial minorities.

In some countries they have begun to replace the laws hurriedly enacted in the early and mid-1980's with laws more favorable to human rights.

In the course of a decade, governments have come to realize that the interests of the society and AIDS patients are not necessarily in conflict with one another.

#### Council of Europe Opposes Isolation

At the Council of Europe human rights conference held in June, Katarina Tomashevskiy expressed the opinion that the best way to stop the spread of AIDS is to make sure that the human rights of those who are HIV-positive and AIDS patients are respected.

"Voluntary consent to testing for AIDS depends largely on whether discrimination against those who are HIV-positive is prohibited by law," Tomashevskiy emphasized. She alluded to a study conducted in San Francisco in March 1989, according to which most local males would have agreed to testing if discrimination against people who are HIV-positive were prohibited by law.

Compulsory testing for HIV has been introduced in some countries. In the states of Louisiana and Illinois in the United States, for example, anyone who intends to get married is tested. As for Soviet law, it provides for the obligatory testing of foreigners, drug users, homosexuals, and prostitutes.

The obligatory isolation of those who are HIV-positive is considered to be the most serious infringement of all on people's human rights. Only one country, Cuba, has begun to systematically isolate people who are HIV-positive. In Cuba, anyone infected with HIV must give up his job, his home, and his family and move into a sanatorium located near Havana.

According to a study conducted by Roberta Cohen and Laurie S. Wiseberg, those who are isolated in the sanatorium have to take part in medical experiments in Cuba, to test drugs, among other things. They do not, however, know whether consenting to these experiments is obligatory.

The isolation of "difficult" patients is permitted in some West European countries—in England and in Bavaria in West Germany, for example—even though a negative view of this practice is taken in the Council of Europe recommendation. In Sweden, too, for several years now it has been possible to isolate an AIDS patient through a ruling by a provincial court.

Sweden has indeed announced that it does not see how it can endorse the Council of Europe recommendation on AIDS patients' rights because it considers it to be contradictory to Swedish law.

In addition to the difference of opinion on forced isolation, the Council of Europe's negative stand on obligatory testing rubs the Swedes the wrong way. According to Swedish law, obligatory testing is possible, although Minister of Social Affairs Ingela Thalen stresses the fact that the tests are, as a rule, voluntary. There are also provisions in Swedish laws that govern the obligations of those infected with HIV—for example, the provision enjoining them from spreading the disease.

#### "Of Danger to the Public" or "Must Be Reported"?

Swedish AIDS Committee chief secretary Hakan Wrede of the Ministry of Social Affairs thinks that forced isolation is of little importance in terms of Sweden's AIDS policy.

"Our most important task is to disseminate information so that people will behave responsibly and thus keep the disease from spreading. There are, however, people who knowingly spread the disease without caring about others. Society must have the right to intervene if nothing else helps. It is, of course, clear that the loss of one's freedom is such a serious matter that it cannot be applied needlessly," Wrede emphasized.

Finnish officials view Sweden's policy of isolation with silent disapproval. The isolation of those who are HIV-positive has not even been seriously discussed in Finland.

"AIDS is actually a disease that is relatively difficult to contract," Marita Liljestrom, legal adviser to the Ministry of Social Affairs and Health, argued. According to Liljestrom, Finland's AIDS policy follows the general European approach, but Sweden's uncompromising attitude clearly departs from the policy pursued by the other West European countries.

In both Finland and Sweden, contagious diseases are divided into three classes: those that are of danger to the public, those that must be reported, and other contagious diseases. In both countries, those suffering from contagious diseases that constitute a danger to the public may be isolated. In Sweden, being infected with HIV is classified as having a disease that constitutes a danger to the public, whereas, in Finland, infection with HIV is only a disease that must be reported.

Expert Ulf Mansson, who is familiar with AIDS problems, thinks that infection with HIV can be added to the list of contagious diseases that constitute a danger to the public without changing the definition of a public danger disease in the laws. According to the law, a disease that is contagious and spreads quickly, is dangerous, and the spread of which can be prevented by measures aimed at the infected parties is viewed as a danger to the public. According to the law, yellow fever, cholera, syphilis, diphtheria, typhus and typhoid, polio, and tuberculosis, among others, are public danger diseases.

In attorney Mansson's opinion, compulsory measures are not suitable for combating AIDS. He pointed out that

the threat of obligatory isolation may lead to people's being unwilling to let themselves be tested for HIV.

"Is it better that 100 persons infected with HIV are unknowingly spreading the disease than it is that one person known to be HIV-positive is freely circulating and spreading the disease?" Mansson asked. [passage omitted]

#### Courts Ban Discrimination

The lessening of HIV-infected persons' opportunities for working and attending school has given rise to many lawsuits in different parts of the world. In the United States, for example, many public schools that refused to accept HIV-positive children as pupils have been sued.

The first case involving the dismissal of an HIV-positive worker tried in Finland ended in a victory for the worker in the lowest level courts. Helsinki Municipal Court and later the Helsinki Court of Appeals ordered a restaurant to pay damages to an employee discharged because he was infected with AIDS. The case is currently being examined by the Supreme Court.

The restaurant justified its dismissal of the employee on the grounds that it was protecting customers and other employees. The court, however, noted that there is not a single case on record in the world in which AIDS was transmitted through food or as an airborne infection. Thus, the court emphasized, the HIV-positive employee did not constitute any danger worth noting to the other employees and to customers.

Explaining the grounds for dismissal because of illness, junior researcher Tarja Kroger of the University of Helsinki thought that the dismissal of an HIV-positive employee may be allowed if the employee poses a real danger to either other employees, employers, or customers.

According to Kroger, the employer must first try to resolve the problem by placing the HIV-positive employee in another position or by providing him with means of protection. If this does not work, dismissal may be legal.

"For example, a surgeon infected with HIV may pose so great a risk to a patient that his dismissal may be approved. However, a restaurant employer's fear of losing customers does not constitute sufficient grounds for dismissal; the danger must be real," Kroger emphasized.

In addition to direct discrimination, AIDS has given rise to indirect discrimination directed against the sex of the subject. For example, an English airline company refused to hire men for its passenger service crews because, according to the company, homosexuality among stewards—and thus also AIDS—is so common.

The airline justified its policy on the basis of the safety of its passengers: In its opinion, homosexual men endanger passengers in an accident situation. In January 1987,

English officials responsible for seeing to it that equality is observed ordered the company to cease applying its personnel policy, which discriminated against men.

#### Sweden's Harsh and Homey Solution

Located on the outskirts of Stockholm, the hospital in Danderyd is the last place in the world in whose backyard one might expect to find a Swedish rural idyll. Behind the hospital's colossal main building, however, lies concealed a small, yellow wooden building that seems to be standing there primarily because the bulldozer stopped at that point—or did so out of mercy.

Danderyd's hospital building number 21 is like an ordinary old woman's cottage, with its well-tended garden and homey curtains on the windows. A gray cat on the steps was meowing for someone to let him in. Instead of the sterile air of a hospital, the inviting smell of home cooking floated in the air of the entrance hall.

The cat is one of the building's three permanent residents. The others are two young women in compulsory isolation on the basis of the law governing contagious diseases. They had been picked up on Malmskillnadsgatan, in Stockholm's red-light district, because they are infected with HIV.

The purpose of the homey atmosphere is to make the inconveniences of enforced isolation easier to bear. They have made an effort to avoid the institutional atmosphere of a hospital and a prison, and the house is indeed like an ordinary home. The only difference is that one cannot get out without the keys.

The inmates may move about freely inside the house, but they are only allowed out in the company of two custodians.

"This sometimes seems a bit troublesome to the girls, and they feel that they are being watched; but that's just what they are—being watched," the head of the unit, Barbro Beck, remarked.

One of Beck's charges has been in compulsory isolation for over three years, since April 1987, and the other for more than six months.

In Sweden they have been allowed for about four years to isolate a person infected with HIV if he refuses to comply with the provision of the law that he not continue to spread the disease. The provincial court decides on isolation. It can place a patient in isolation for a maximum of three months the first time, and after that the term may be extended six months for each violation.

The Swedes are pretty much in agreement on the need for allowing compulsory isolation, although foreign human rights experts raise their eyebrows at the Swedes' uncompromising stand. In the opinion of its critics, Sweden's ostensibly noble attempt to care for its [AIDS victims] in compulsory isolation in a homey setting may soon give way to stiffer measures.

"Lace-curtained cottages have a tendency to gradually become barbed-wire fences and barracks," a Finnish critic gloomily predicted.

The custodians at the hospital in Danderyd do not unreservedly approve of enforced isolation, either. Barbro Beck criticized the isolation law for being a law [that discriminates against the patient's] sex and social class. She pointed out that, up to now, those who are in compulsory isolation have been, with one exception, young women who use heroin and sell themselves to get drugs.

Beck is amazed at people's simple-minded conviction that prostitutes ought to take into consideration their clients' safety.

"Many men pay them more if a condom is not used," Beck pointed out.

According to Beck, the law is particularly aimed at "the society's regular clients," those young people who have for a long time been in and out of various institutions. For example, one of Beck's charges has been in the custody of the society since she was a child.

To have someone placed in compulsory isolation, no conclusive proof is necessary that the person to be isolated is actually still infecting others with the disease. "To have someone isolated, it is sufficient to have seen the HIV-infected individual often enough on Malmkillnadsgatan," Beck said.

Four HIV-positive persons are at present in isolation in Sweden. Two of them are located in the hospital in Danderyd, one is in Beckomberg near Stockholm, and one—the only man in the group—is in prison for violent behavior.

Compulsory isolation costs Swedish society only staff expenses. For example, at the hospital in Danderyd, 17 custodians are employed to keep watch over the two women in compulsory isolation.

It is anticipated that the need for compulsory isolation will grow at a steady rate with the rise in the number of people infected with HIV. Sweden already leads the HIV statistics for the Nordic countries with about 2,500 carriers of the disease, whereas, in Finland, for example, about 300 cases of persons who have contracted HIV have so far been confirmed.

## ITALY

### 1991 AIDS Funding Program Approved

90MI0026 Milan ITALIA OGGI in Italian  
26 Sep 90 p 42

[Excerpt] Italy will launch its fourth AIDS research project in 1991. The announcement was made by the Higher Institute of Health after having published notification of a competitive examination for Italian

researchers. The same day the World Health Organization revealed the first alarming results of research on the diffusion of the disease among children, indicating that by the year 2000, the number of seropositive children could be 10 million as opposed to the current 700,000. Funding for the 1991 research project will amount to a total of 31 billion lire, 7 billion lire more than for the current year. Funding for the first project in 1988 was 6 billion lire, 16 billion lire for 1989, and 24 billion lire for this year. Research will be divided into seven sub-projects: the psychological and psychiatric aspects of the disease (1.5 billion lire); assistance (2.5 billion lire); clinical medicine and therapy (5.2 billion lire); diagnostics (3.2 billion); etiopathogenesis, that is, the basic study of the AIDS virus and immunology, (14 billion), and animal tests (1.8 billion lire). Research is coordinated by Professor Giovanbattista Rossi, director of the virological laboratory at the Higher Institute of Health.

All the proposals must be submitted by 1 October and will be evaluated by a commission of 10 experts, including two foreigners: Anthony Fauci, director of the National Institute of Infectious Diseases in the United States and Claude Griscelli, a world famous immunologist from the Paul Necher Institute of Paris. Of the 510 projects submitted last year, 262 received funding.

[passage omitted]

### AIDS Test Required for Police, Firemen, Soldiers

91WE0061A Rome LA REPUBBLICA in Italian  
24 Oct 90 p 24

[Article by Arnaldo D'Amico: "Mandatory AIDS Test for Soldiers and Police. An Attack on Civil Rights"]

[Text] Carabinieri, policemen, firemen, members of the armed forces, and the criminal police are the first classes of workers in Italy who are obliged to submit to the AIDS test. The minister of interior explained the blood test will be administered to all new recruits, regardless of branch of service to which they will be sent, while personnel already in service will be given the test only if there are well-founded reasons.

The regulation, which also requires tests to detect the use of narcotics, dates from 4 October, when a decree-law for "increase in the staff of the personnel of the police force," was published in the GAZZETTA UFFICIALE. Thus, the decree-law must be submitted to both Chambers for approval. Meanwhile, in any event, as the final sentences of the text recall, "it is now mandatory for everyone to respect the law and see to it that it is respected."

Thus, inserted into a decree-law on the police force, the mandatory test to identify the HIV virus in the blood became mandatory for certain categories of workers some days ago. The action escaped notice of all those who, for various reasons, follow problems connected with the illness, and also of the ministerial commission

for the struggle against AIDS. A few "personnel members" were literally astonished, while others were upset, as if facing a direct attack on civil rights. On the other hand, the only ones remaining calm were the signers of the decree-law: the head of the government, the ministers of defense, budget, treasury, foreign trade and economic planning, and of interior. But the arguments have already started.

Article 15 of the decree-law leaves no doubt. "For personnel of the armed forces and the police, and personnel of the national firemen's force, checks for the absence of drug dependence, a check for the absence of a seropositive reaction to HIV infection, and a test of fitness for performing the services involving risks to the safety, security, and health of third persons, are arranged by the appropriate administrations and carried out by the organizations named in the respective regulations."

Furthermore, the second and last paragraph of article 15 directs that, "with the exception of the obligations to communicate or report provided for by law or regulation, the grounds for the measures taken are reported exclusively to the persons to whom said measures apply." Thus, while respecting privacy positive test results will involve "measures."

The conflict with the principle of nondiscrimination against those having seropositive results, reflected in the AIDS legislation launched only four months ago, has appeared obvious to many. "It is contradictory," said Elio Guzzanti, vice president of the ministerial commission for combating disease, "that the AIDS law which came out in June forbids employers to carry out tests on persons to be hired and on those already hired, while now there is a decree-law which instead provides for just that."

The contradiction was also pointed out by the jurist, Stefano Rodota, senator of the Independent Left. He added harsh criticisms of the procedures for carrying out the mandatory tests, of the choice of the formula of decree-law, and spoke openly about "subterfuge." "It is absolutely unacceptable that such a sensitive subject as that of personal freedom should be dealt with by a decree-law," said Rodota. "So, if the latter applies to the substance of the matter, and for the greater part, the problems of the police forces, we are faced with out and out subterfuge." "Furthermore," Rodota concluded, "according to the article, the tests would not appear to be mandatory for all, but instead, are, and I cite: 'arranged by the appropriate administrations.' That means leaving a margin of discretion which, when applied to such sensitive standards, can lend itself to abuses and discrimination."

Comments, however, from Health Minister Francesco De Lorenzo were positive. "If someone wants to go into the police and in the armed forces he should know that this decree exists," De Lorenzo said. "Anyone wanting to do that work should know one must take the AIDS test. The measure does not distort the law on AIDS,

which excludes all mandatory verification of the disease, because it refers to persons in general, avoids discrimination and the casting out of persons, and provides for secrecy. If the work of the Interior Ministry requires some special criteria, I am not opposed."

The trade unions' criticisms were also harsh. Carlo Fiordaliso, general secretary of the UIL [Italian Federation of Trade Unions] health workers' union, said, "The workers' organizations will not fail to report to the appropriate quarters total trade union disagreement with this decree, which was issued without the slightest consultation with the trade union. With this measure, the individual is badly damaged by open discrimination."

Franco Bentivogli, confederal secretary of CISL, [Italian Confederation of Trade Unions] considered it "a rather grave decision, conflicting with the deliberations of the World Health Organization which rule out the possibility of either private or public employers' imposing such an examination." Furthermore, according to Bentivogli, if this decision is put into effect there cannot but be serious consequences "in the form of further discrimination, in addition to the discrimination AIDS patients must already undergo."

## SPAIN

### 20 Percent of AIDS Prisoners Terminal

91WE0052A Madrid DIARIO 16 in Spanish  
26 Oct 90 p 17

[Text] Some 20 percent of the 279 inmates in Spanish prisons suffering from AIDS are now terminal, according to information from the General Directorate of Penal Institutions sent to Juan Jose Unceta Anton, member of Parliament representing the Popular group.

The increase in the number of drug-addicted inmates meant that by the end of October, 58 more cases had been found than in 1989, when 221 cases were counted.

According to information from Penal Institutions, 75 percent of all 245 conditional releases granted based on Article 60 of the Penal Code (to which aging prisoners or those suffering from incurable diseases have recourse) were due to the fact that the prisoners in question were in the terminal stage of AIDS or AIDS-related complexes.

## SWEDEN

### HIV-Infected Man Appeals Isolation Sentence

91WE0064G Stockholm DAGENS NYHETER  
in Swedish 16 Oct 90 p D4

[Report by Press Wire Service, Inc. (TT)] txt  
[Text] The 46-year-old HIV-infected man who is being held in compulsory isolation under the law on infectious disease control is now appealing to the government for clemency.

The man was sentenced in August to nine months in jail but wants the sentence changed to a penalty that does not deprive him of his liberty.

The 46-year-old man is being held at Kronoberg Jail in Stockholm because it proved difficult to deal with him in other ways. The man's repeated threats against the staff of Beckomberga Hospital were the reason for the district court sentence in August.

Attempts to place the man in a correctional facility failed because of his risk of being mistreated by fellow inmates. He is accused of having spread HIV infection via hypodermic needles.

One of the reasons he gave for his appeal for clemency was that the death of his mother has left him deeply depressed.

The man has assaulted young boys on several occasions while under the influence of drugs.

#### **Wave of Goteborg HIV Cases Traced to Intravenous Drug Use**

91WE0064F Stockholm DAGENS NYHETER  
in Swedish 14 Oct 90 p 13

[Article by Peter Sandberg: "HIV Virus Spreading in Goteborg"—first paragraph is DAGENS NYHETER introduction]

[Text] The communicable disease control physician in Goteborg fears the HIV virus has spread among Goteborg's intravenous drug users.

In the past no HIV-positive samples have been found in the tests made at treatment facilities and drug outpatient clinics in Goteborg.

"What has changed the situation is that a 35-year-old man who is an intravenous drug user has been diagnosed with AIDS. Earlier he was just infected with HIV, but now the disease has also broken out. This means he has had the infection for a number of years. He has reported that he shared syringes and hypodermic needles with others," said Per Haglind, communicable disease control physician in Goteborg.

The spread of HIV in Goteborg has differed radically from Stockholm and Malmo where groups of intravenous drug users have been greatly affected for several years.

The reason why this did not occur in Goteborg may be that not much heroin was used there. Instead amphetamines predominated among intravenous drug abusers.

Doctors who work with addicts have also noted that the warnings against carelessness with syringes and needles have been heard, that Goteborg's drug addicts "showed a sense of responsibility."

It is now feared that the situation may change. It is very likely that there are a number of infected people among

Goteborg's intravenous drug users, a group consisting of around 4,000 people, according to the police.

#### **Europe's First 'Integrated' Drug-HIV Hospital Ward**

91WE0064E Stockholm DAGENS NYHETER  
in Swedish 28 Sep 90 p 14

[Article by Kerstin Hellbom: "Integrated Care for HIV-Infected Drug Addicts"]

[Text] An HIV-infected drug abuser in Stockholm can now get help from the treatment services for infectious diseases and drug addiction as well as the social service system in one and the same ward.

This program will start on Monday at Roslagstull Hospital.

That is the opening date of Ward 9 which will be the first in Europe to provide integrated care for infected drug addicts. The ward, which used to be a traditional infectious disease ward, has been remodeled at minimal cost to serve 10 patients.

The need for a separate ward for the infected drug addicts became obvious a few years ago when they first began to develop AIDS. Both the staff and the patients were disturbed and it was practically impossible to provide care for the drug addicts themselves. Either the addicts left the hospital as soon as the worst symptoms were over or they received drugs from their visitors. Care in the new ward is voluntary but the doors will be locked.

"Not to keep the patients from getting out but to prevent drugs from coming in," said project leader Aud Krook.

Infectious disease personnel from Roslagstull, specialists from the drug addiction treatment service at Huddinge Hospital and social workers from the City of Stockholm are associated with the project. It will continue at least until Roslagstull is transferred to Huddinge sometime in 1992.

Sore infections are still the most common among drug addicts, but an increase in the number of people with AIDS and HIV infection is expected within a few years. Of the 554 registered intravenous drug abusers in Sweden today, 12 have been diagnosed as having AIDS. Of the 260 abusers treated at Roslagstull annually, between 50 and 60 have sharply reduced immune defenses, in other words approximately 20 percent.

#### **Stockholm Hospital AIDS-Study Group Claims Advance**

91WE0064D Stockholm DAGENS NYHETER  
in Swedish 23 Oct 90 p 15

[Unattributed article: "New Swedish HIV Treatment"]

[Text] A Swedish research group has succeeded in producing artificial antibodies for treating HIV and AIDS

patients. The hope is that the substances will strengthen the immune system. So far tests on a few patients have had promising results.

"We are happy about our progress. We have probably succeeded in producing just the 'right' antibodies to stimulate patients' failing immune defenses," said Professor Britta Wahren of the National Bacteriological Laboratory.

She heads the research group that tested the substances on seven patients at Soder Hospital in Stockholm. According to SVENSKA DAGBLADET an American pharmaceutical company has purchased the so-called monoclonal antibodies from Sweden for possible mass production.

### **Infected With AIDS Through Blood Transfusion**

*91WE0064C Stockholm DAGENS NYHETER  
in Swedish 23 Sep 90 p 5*

[Report by Press Wire Service, Inc. (TT)]

[Text] Goteborg (TT)—A man from western Norway will receive 1 million Norwegian kroner in damages after being infected with HIV as a result of a blood transfusion. Following a traffic accident the man was given HIV-positive blood at Haukeland Hospital in Bergen in 1985.

The Bergen Municipal Court felt the hospital's lack of supervision is a threat to patients. Thus the large compensation is regarded as justified for preventive reasons, according to GOTEBORGS-POSTEN.

The court also said the large sum was motivated by the fact that HIV infection is regarded as a 100-percent disability.

### **Uppsala University to Establish AIDS Research Center**

*91WE0064B Stockholm DAGENS NYHETER  
in Swedish 23 Sep 90 p 5*

[Report from News Wire Service, Inc. (TT)]

[Text] Uppsala University will establish a center for research concerning AIDS and sexually-transmitted diseases in accordance with a decision made by the vice chancellor. The center will be led by a committee consisting of five or six members.

It will coordinate research carried out by various university institutions and hospitals—including those in other countries—and strengthen education in the area.

Representatives of other relevant sciences will be eligible to participate in an advisory group associated with the center.

### **Study: Youth Sex Practices Little Affected by AIDS Warnings**

*91WE0064A Stockholm DAGENS NYHETER  
in Swedish 23 Sep 90 p 5*

[Article by Carin Stahlberg: "HIV Campaign Not Reaching Students"—first paragraph is DAGENS NYHETER introduction]

[Text] Students lead a riskier sex life than young people the same age who are not attending a university. A study in Uppsala shows that a third of them had intercourse with a new partner in the past year without using a condom.

"The results of our study are disturbing. The campaigns to prevent the spread of HIV have obviously had little effect on students," said midwife Tanja Tyden of the Student Health Service in Uppsala.

She was the one who proposed a research and information project concerning students' sex practices which was carried out by the Akademiska Hospital's women's clinic in cooperation with the Student Health Service.

Some 343 students who visited the Student Health Clinic answered a questionnaire concerning their sex practices. Another 60 students were interviewed on their attitudes toward sex. The final results will be presented at the medical conference in Alvsjo in December but Tanja Tyden and physicians Cecilia Bjorkelund-Ylander and Sven-Eric Olsson have already published a partial report in the latest issue of LAKARTIDNINGEN.

### **More Than Three Partners**

Of 102 male students questioned with an average age of 24, 21 percent said they had had more than three partners in the past year. In the last 12 months 30 percent of the students had had intercourse with a new partner without using a condom and over half of them said they had had intercourse "the first night" without using a condom.

"The explanation for the young people's behavior is that it takes time to change sex practices. It is not accomplished overnight or, rather, in three years. After all, the AIDS campaigns started in earnest in 1987," said Tanja Tyden, who is somewhat critical of the AIDS delegation's campaigns.

"To succeed with a campaign one must find out what the students know, what attitudes they have and how they behave. First then can one try to reach them."

The partial report also shows that the students were almost 18 years old when they had their first sexual experience and that they had had an average of eight partners.

Some 40 percent reported that they had had intercourse they regretted afterward because they had not been sober

and more than one in five students had had at least one sexually-transmitted disease.

"The students know a lot about HIV and AIDS but they do not think it concerns them. They frequently reason as follows: If I sleep with another student I don't run much risk of being infected with HIV. They don't think students who live in student areas in Sweden have HIV or might get it," Tanja Tyden explained.

### Many Take Chances

"We don't want them to be terrified of AIDS but they should be aware that there is a risk of getting HIV if they do not practice safe sex. But many take chances."

Tyden, Bjorkelund-Ylander and Olsson compared the results of their study with an earlier study by Bengt Brorsson on the general public's attitudes and behavior with respect to HIV and AIDS. In Brorsson's study around 15 percent of the men had had three or more sexual partners in the last year and only 10 percent had had intercourse "the first night."

The Uppsala group therefore concluded that students have a riskier sexual lifestyle than others of the same age.

"Uppsala students are probably representative of students in the rest of the country. I have no evidence for this statement but it is hard for me to believe otherwise," said Tanja Tyden.

An information campaign on HIV and sexually-transmitted diseases that is aimed directly at students is being conducted in Uppsala this fall.

## SWITZERLAND

### Montreux AIDS Conference Findings Reported

91WE0101A Geneva JOURNAL DE GENEVE  
in French 2 Nov 90 p 15

[Article by Michel Danthe: "AIDS Prevention: Evaluating Is Believing"—first two paragraphs are JOURNAL DE GENEVE introduction]

[Text] 300 congress participants from around the world examined the latest studies on AIDS prevention this week in Montreux.

The Montreux Congress on AIDS Prevention ended Thursday evening. Gathering some 300 participants from around the world, it allowed specialists to swap their latest figures, present their problems, and propose their solutions for AIDS prevention. The main concern of the congress participants was to evaluate preventive programs carried out pretty much everywhere in the

world. The main questions debated were: Did preventive efforts attain their goals for a given country, city, or group—yes, no, and why?

It is still not well known that, in the area of program evaluation, our country is a pioneer. Though it was not the first country in Europe to conduct a national preventive campaign—Greece was—it was the only one to immediately set up a systematic and coherent policy for evaluating its successive campaigns.

Consequently, Switzerland was very much in view during the programs, debates, and presentations at the Montreux Congress. It was represented by the Lausanne University Institute of Social and Preventive Medicine, the mainspring of the project. This made it possible to measure the state of prevention among the country's seasonal residents (see our 1 November editions), the progress of campaigns among drug-users, the role of doctors as preventive agents, and, more generally, the impact of campaigns among the general population.

But beyond our boundaries, in this type of congress it is the experiences and observations of other countries, other continents that give food for thought.

### Seroconversion Rate: Calculations

Touting the slogan "Knowledge is power," the English epidemiologist Noel Gill emphasized campaigns to monitor the transmission rate of the virus in a population. For, as far as he is concerned, it is no longer a matter of knowing how many people in a population are infected. In 1990, it is much more useful to know the rate of virus transmission, the rate of seroconversion in a given population. It is a way of getting a changing, rather than fixed, picture of the epidemic, absolutely necessary for decisionmaking. To do this, the English specialist recommends running anonymous tests on blood samples collected from the general population.

"Knowledge is power": Many specialists gathered in Montreux who, like the American William Darrow, have tracked the progress of the infection among prostitutes—and among prostitutes of the whole world—provided proof of that statement during the last few days. Though in Western countries preventive campaigns seem to have paid off among "classic" prostitutes, there is a need to remain quite vigilant concerning those who use drugs. As for prostitutes in third-world countries (Africa, India) or countries with booming sexual-tourism industries (Thailand), the situation is threatening or already explosive: seroconversion curves continue to climb. The Thai, Sittitrai Werasit's, conclusion: "It's two hundred people" a day that are infected in Thailand.

Though one leaves such sessions disheartened, others give reason for hope: Gerry Stimson, English drug-addiction specialist, shows that sustained preventive

efforts among drug-users, especially programs involving hygiene and the use of sterile or disinfected syringes, diminishes the rate of HIV-virus contamination. Hence the need, according to him, to further extend syringe-exchange programs, even though this often raises political problems: It is the only way, in his view, to stop the chain of contamination. "Reluctant politicians must," he concludes, "realize that AIDS will kill more people, more massively, than drug abuse."

There were many statements of that kind, based on figures, observations, and attentive studies, made in Montreux over the last few days. And it became apparent that, though specialists often agree on the measures to take, it is the political obstacles that are often the stubbornest. Hence the importance, one is tempted to conclude, of these specialists not only evaluating, but then communicating their convictions to the population and to political elites.

## UNITED KINGDOM

### Chief Medical Officer Addresses London AIDS Parley

91WE0127 London THE DAILY TELEGRAPH  
in English 20 Nov 90 p 8

[Article by David Fletcher, Health Services Correspondent]

[Excerpt] A senior National Health Service executive resigned from her £50,000-a-year post yesterday in protest at spending cuts in the service. Mrs Mary Wyllie, 51, chief executive of West Essex Health Authority, said the authority was no longer able to provide an adequate level of service to the patients in its area.

Her decision follows a cut of £1,600,000 in the authority's £52 million budget in order to balance the books by the end of the financial year in April.

She said: "It means we shall do very little non-urgent work between now and April, yet we have the longest waiting list in the country—4,988 people."

Many of them have been waiting for more than a year and 700 of the less urgent cases have been waiting for more than two years.

"The situation is getting worse. We are able to do less each year because of the shortage of money. I could not see a way forward," she added.

Mrs Wyllie, who has had a career in the NHS for 27 years and has been chief executive for 18 months, said she was unable to find a financial solution.

She said: "We have been living on loans and overspending for the last few years. This year we have been told to balance the books by the end of the year with no recourse to creative accounting.

"We have reached the stage where the financial position and the cuts we are having to make leave the district unable to provide what we would consider an adequate health service for the population."

She said the district—centred in Harlow—had been underfunded for years because financial allocations had failed to recognise the gradual aging of the population which was causing the cost of their health care to rise year by year.

She denied her resignation was prompted by the Government's health reforms, which, she said, would eventually benefit the health service.

But she said the increased work of preparing for the reforms, coupled with the financial problems, amounted to intolerable pressure. [passage omitted]

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**DATE FILMED**

11 January 1991